MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12396 1238 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Maryland b. COUNTY Frederick MARYLAND within 72 hours after C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Since 2/21/67 Baltimore Frederick e. IS RESIDENCE ON A FARM? the attending physician and completely filled in sit permit. Then please remove carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hospital 1922 E. 28th St. YES NO X Middle 4. DATE 3. NAME OF First Lost Dov Year DECEASED HOWARD **AMOS** September 25. 1967 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years, S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours 20 Aug 1872 White U ONO Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY andir Harford County, Md. Water Department - City of Baltimore 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME John T. Amos Sarah Arthur 17. INFORMANT Address Prederick. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Б 214-24-9565A Maryland Odd Fellows Home, 21701 Md . cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by DUE TO burial, Conditions, if any, which gave rise to immediate couse (a), DUE TO as the prior to b stating the underlying couse Page 4 may be retained by the haspital ar attending has been lost. PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO L uremin FUNERAL DIRECTOR: After this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. Not While of work 21. I certify that (I) (this haspital) attended the deceased fram 1000 saw the deceased alive an Select 25, 19 1.7, and that death accurred at 25 M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. M.D. PHYS. director, page Should be filed 22d, ADDRESS 22c PHYSICIAN'S NAME (Type) LeRoy T. Davis. M. D. 228 N. Market St., Frederick, Md. 21701 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION, BUFIAL (Specify) Loudon Park Cemetery Baltimore, Maryland 9/29/67 0 25b, REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles **VR A15** M. R. Etchison & Son, Frederick, Ma. 21701 20 M 1/66

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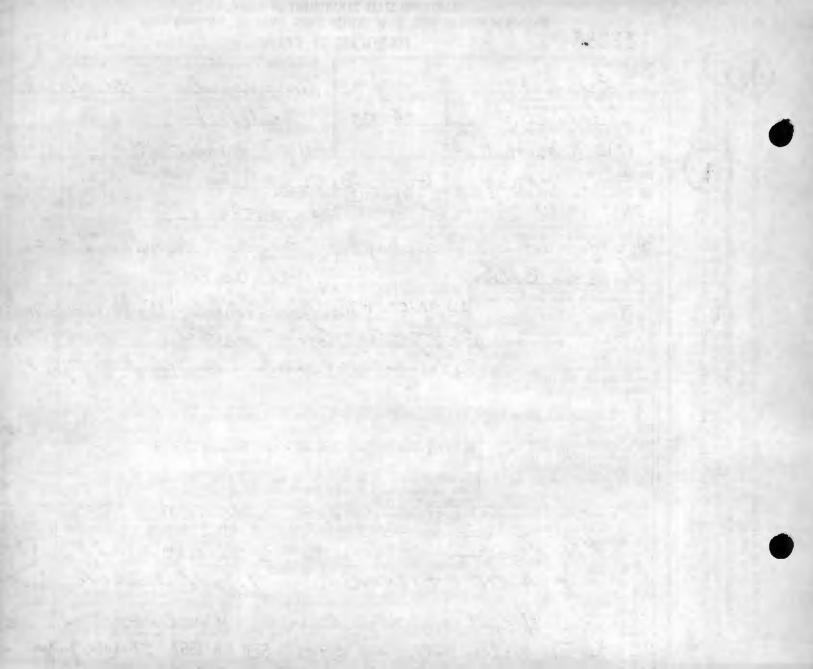
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in taker T. hawis, M. D. 225 M. Market St., Frederick, Mr. 2170)

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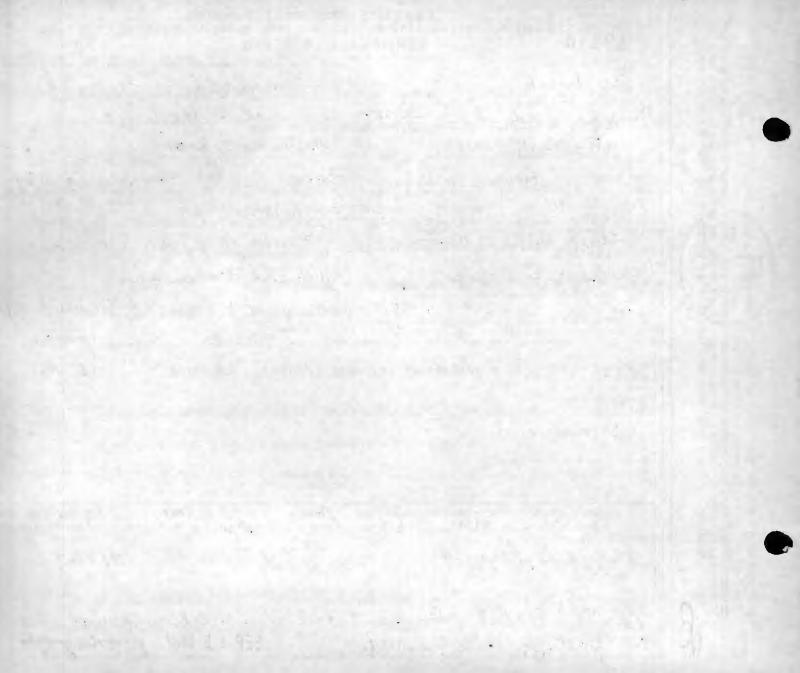
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12397 12388 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If autside corparate limits. c. LENGTH OF STAY IN 16 autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) requires that the death certificate be executed within 24 haurs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF rarban Middle Lost 4. DATE Year DECEASED OF DEATH (Type or print) 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF LINDER 24 HR DATE OF BIRTH NEVER MARRIED last birthday) Months Davs WIDOWED DIVORCED and IDg. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? moulders Helse 13. FATHER'S NAME crematian, or remayal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMAN Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEE burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause the 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? **DIRECTOR:** After this certificate Б 2Dg. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING LICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Month, Day, Year 2De. PLACE OF INJURY (Hame, form, 20d. INJURY OCCURRED (City or town) (County) (State) Hour a.m. Not While factory, street, office bldg., etc.) While 21. I certify that (1) (this haspital) attended the deceased fram Control , 1967, that (1) (we) last 19 17, and that death accurred at 6 A M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 ocharles DATSEP



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12398 CERTIFICATE OF DEATH 12389 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY Maryland Frederick Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) the attending physician and completely filled in by the sit permit. Then please remove carban papers. Page ban papers. Pagi Frederick days Frederick d. STREET ADDRESS d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? Hamilton Avenue Frederick Memorial Hospital ND K Middle 4. DATE 3. NAME OF First Year DECEASED OF DEATH DOROTHY MARCELENE 19 67 BLUMENAUER September 26 (Type or print 7. MARRIED T DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. CDLOR OR RACE NEVER MARRIED birthdoy) Doys Hours July 26, 1932 White Female WIDDWED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? S. A. dwing most of working life, even if retired) None Frederick County, Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Laura Frances Runkles Carl Ellsworth Bartholow Frederick, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT (See No. or unknown) (If yes give wor or dotes of service) 214-30-2067 Mr. Edward K. Blumenauer, Jr. 7 Hamilton Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the lost 19. WAS AUTOPSY PERFORMED? PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO XX 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d INTURY DECURRED 20e. PLACE DF INJURY (Home, form, foctory, street, office bldg., etc.) Not While of work 1966, to 9-26, 1967 that (1) (we) last 2]. I certify that (1) (this-hospital) attended the deceased from Oct / 9-251967, and that death accurred at 252 M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Willis J. Riddick M.D. Frederick Medical Center, Fred. Md. director, 23b. DATE THEREDF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL, CREMATION, Burail (Specify) Frederick County, Maryland
GISTRAR | 25b. REGISTRAR'S SIGNATURE 9 = 29 - 1967Resthaven Memorial Garden's 24. HUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Otherselas Judge Frederick. Maryland DATE OCT 2 1961 Robert E. Bailey & Son 20 M 1/66

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1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH
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at See the	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
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2 2 2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
2 F 2 F 0 (	Walter Marty Road YES NO E
requires that the death certificate be executed within 24 now ding physician.  been signed by the attending physician and completely filled in the burial-transit permit. Then please remove carbon papers. For to burial, cremation, or removal, and in any event, whiln 22 hours.	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) PSCASCO MICE DEATH SECRETARIES TO 19 / 27
ound see count	(Type or print) GEORGE WILLIAM SOYER DEATH SEPTEMBER 5 1967  5. SEX 6. COLOR OR RACE   7. MARRIEO   NEVER MARRIEO   8. DATE OF BIRTH   9. AGE (IN YEARS IFUNOER 1 YEAR IFUNOER 24HRS.
recul	m WIDOWED DIVORCED Feb. 4, 1900 Last birthday) Months Days Hours Min.
e ex an a an a	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  10b. KINO OF BUSINESS OR LI. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
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ath attermitt.	(Yes, no, or unkown) (If yes give war or dates of service)
ne death c the atten it permit. mation, or u	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
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requires that the ding physician. been signed by the burial-transin to burial, cremin to burial, cremi	4 201 DUE TO 1
physici physici n signe burial-t	conditions, If any, which (b) HRTERIOSCLEROTIC HEART DISEASE & yrs.
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ter ter as as	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
N: The law tal or atter difficate has for use as Health pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMEO?  YES NO X  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of Item 18.)
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PHY the this deta deta e De	20c. TIME OF INJURY Month, Clay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While Not While Towns (State)
ING 1 by Affer be Stat	p.m. 19 at work at work
OR ATTENDING be retained by JIREDTOR: After ge 3 should be	21. I certify that (th) (this hospital) attended the deceased from APRIL 1964, to SPT. 1967, that (1) (we) last saw the deceased alive on 8131 1967 and that death occurred at 3 AM from the causes and on the date stated above.
ATT retz	saw the deceased alive on 8131 1967, and that death occurred at 2 M, from the causes and on the date stated above.
AL OR AL DIR LI DIR page filed	Rechard C Reynolds, M.D. ATTENDING MED. STAFF 19/7/67
RAL Per	22C. PHYSICIAN'S NAME (Type)  22d. AODRESS
TO HOSPITAL OR ATTENDING PIPAGE 4 may be retained by the CO FUNERAL DIRECTOR. After the director, page 3 should be deshould be filed with the State	220 DUDIAL OPENATION   225 DATE THEREOF   220 NAME OF OPENATION   1 224 1 00 27/00 (DATE AND AS COURSE)
日本日本の	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  Durish 9/8/67 Pleasant Hill Pleas W. Hellow Pormas. Md.
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239 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Tem #2d infor, taken CERTIFICATE OF DEATH 12400 and 2 within 24 hours offer death. the ottending physician and completely filled in by the funeral sit permit. Then please remove cathon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH p. COUNTY g. STATE b. COUNTY Frederick Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) h hrs. Trederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 253 E. Church St. YES NO Frederick Memorial Hospital Middle NAME OF 4 DATE Year DECEASED (Type or print) LEONARD C'DONN ELL RICE 67 DEATH requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months WIDOWED DIVORCED Male White 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **COUNTRY? INDUSTRY** U.S.A Frederick, Md. 13. FATHER'S NAME Beatrice Kay Claggett Is. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes give war ar dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: I MMATURIT IMMEDIATE CAUSE (o) ... signed by DUE TO Conditions, if ony, which gove rise to immediate cause (a), DHE TO stating the underlying cause be retoined by the hospital or ottending O FUNERAL DIRECTOR: After this certificate hos been os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) for use of Heolth NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) at work 2). I certify that (1) (this haspital) attended the deceased from 2-15, 1962, ta 9-15, 1967 that (1) (we) last saw the deceased alive an 9-15 1967 and that death accurred at 1:520M, from causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR M.D. 22c. PHYSICIAN'S Frederick Medical Center NAME (Type) J. Fred Baker 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) RelMovtopeHosp 9/15/67 Frederick Mem. Hosp. Frederick Fred. Md. 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 25 1967 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12392 CERTIFICATE OF DEATH 12401 The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) I PLACE OF DEATH filled in by the funeral papers. Pages 1 and o. COUNTY Frederick MARYLAND Maryland Frederick 72 hours after c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 15 Years Frederick d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 303 Rockwell Terrace 303 Rockwell Terrace YES NO X ent withir 3 NAME OF Middle 4. DATE Year campletely DECEASED ROBERT EARLE CLAPP, SR. SEPTEMBER 67 DEATH 19 (Type or print) AGE (In years IF UNDER 1 YEAR | 1F UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH remave burial, crematian, ar removal, and in any ey lost birthday) Months Dovs Hours WIDOWED White DIVORCED July 10,1879 Malo 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Retired Nevrton, N. C.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Emma Lewis Jacob Crawford Clapp IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If we give wor or dates of service) 217 10 9346 Robert Earle Clapp, Jr. Route #2, Frederick. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Page 4 may be retained by the haspital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (a). DUF TO stoting the underlying cause as the prior to b PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? 3 shauld be detached far use with the State Dept. of Health 1 CERTIFICATION NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Not While at wark 21. I certify that (1) (this haspital) attended the deceased fram wasch 0, 1967, to Sent 11, 1967, that (1) (we) last 1967, and that death accurred at work M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** 2 □ Sept. 12,1967 director, page 3 shavid be filed v DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) A. Austin, Pearre, Sr. M. D. East Church Street Frederick, Laryland 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 236 BURIAL, CREMATION, REMOVAL (Specify) Sept. 14.1967 Mount Olivet Cemetery Freder Frederick Manyland 9 24 FUNERAL DIRECTOR March DATESEP VR A15 (4) 5 M. R. Etchison & Son, Frederick, Maryland 20 M 1/66



	10202	CERTIFICATE		r, BALTIMORE 1	12405	
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived. If Instit		
	. county Frederick	MARYLAND	e. STATE	b. COUNTY	. 7 7	
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co			arest town
	write RURAL and give nearest town) Frederick	5 Weeks	Rural-Mt. A			
	d. NAME OF HOSPITAL OR INSTITUTION (IF not	7	d STREET ADDRESS	·	1	e. IS RES
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	(Type or print) TAITS	К.	CLARK DEAT	M Sent.	13.	19
5.	SEX 6 COLOR OR RACE 7, M	ARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers IF U		F UNDER
	Maite wi	DOWED TO DIVORCED	Jan. 02, 1989	A ALE	nths Deys	Hours
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		Tire Co.	Allerany Co.,	Ma.	U.S.A	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
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15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown) (lives y ve werer dates of service			Address		
_ ;	S I WW 1	1014-07-0025 1 r	r. Kerneth Tur	lette '	0 0 13	
	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED 8Y:	per line for (e), (b), end (c).			INTE	RVAL BET ET AND D
	IMMEDIATE CAUSE (*)	Mellmenia				
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Ē	200. ACCIDENT WAS UNDERLYING   20	b. DESCRIBE HOW INJURY OCCURRE	D. (Enler nature of injury In Pert I or P	art II of item 18.)	YE	is 🗌
IFICATI	OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			,		
CERTIFICATION	20c. TIME OF INJURY Month, Dev. Yaer			P04 4 1	(County)	-
CAL CERTIFICATION	20c. Time Of HOURT Month, Day, Taes		CE OF INJURY (Home, ferm, 201. (C	Lity or fown)	feed and \$1	
	Hour a.m.		CE OF INJURY (Home, ferm, 201. (Cory, street, office bldg., etc.)	Lify or fown)	(coom)	
	Hour a.m.	While Not While fact	ory, street, office bldg., etc.)	elisto-		at (I) (
MEDICAL CERTIFICATION	Hour a.m. p.m.  21. I certify that (I) (this hospital)	While Not While facilities work at work	ory, street, office bldg., etc.)	0 9/13/67	., 19, thi	at (I) (
	Hour a.m. p.m.  21. 1 certify that (I) (this hospital)	While Not While facilities work at work	death occurred at AM, fro	om the causes and	., 19, thi	stated
	Hour a.m. p.m.  21. I certify that (I) (this hospital) saw the deceased alive on 7/10/	While Not White fact et work 1 at wo	ory, street, office bldg., etc.)	0 9/13/67	., 19, thi	at (I) (
	Hour a.m. p.m.  21. I certify that (I) (this hospital) saw the deceased alive on 9/10/. 22e. SIGNATURE  22c. PHYSICIAN'S	While Not White fact et work 1 at wo	death occurred at \$ .7M, from the part of	om the causes and	., 19, thi	at (I) (
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MEDICAL	Hour a.m. p.m.  21. I certify that (I) (this hospital) saw the deceased alive on 7/10/ 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type) A. Austin I	While Not White fact et work   Not White at work   Not White steel w	death occurred at AM, from the physical property of the physical proper	om the causes and	on the date	at (I) ( stated 22b
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WEDICAL	Hour a.m. p.m.  21. I certify that (I) (this hospital) saw the deceased alive on? // 10 /. 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type) A. Austin I a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	While Not White fact of work All work A	death occurred at AM, from DIRECTOR  22d. ADDRESS  The Contact of	om the causes and  STAFF PHYS.  CATION (City, lown of	on the date	22b

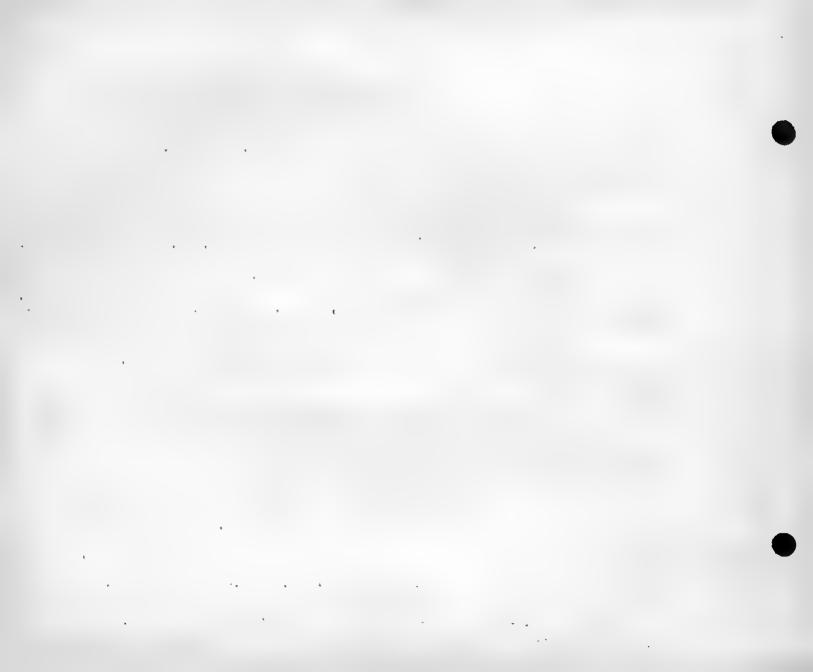
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12394 CERTIFICATE OF DEATH 124113 requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institut an: Residence before admission) PLACE OF DEATH a. COUNTY Frederick a. STATE b. COUNTY Marvland Frederick MARYLAND the attending physician and campletely filled in by the b CITY OR TOWN (If autside carporate Emits CLENGTH OF STAY IN 16 c CITY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) Frederick days Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM: Frederick Memorial Hospital 401 Linden Avenue YES NO X NAME OF 4. DATE Firs† Last Month Day Year DECEASED **EVERS** 19 67 AMMON CRAMER September (Type or print) DEATH SEX 6. COLOR OR RACE IF JINDER 24 HRS X 8. DATE OF BIRTH 9 AGE (In years 7 MARRIED **NEVER MARRIED** (Aug puthday) Manths 12-20-1883 Heurs White Male WIDOWED cremation, or remayal, and in any DIVORCED 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CIT-ZEN OF WHAT during most of working life, even if retired)
Ret. Businessman Restuarant Woodsboro, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Emmeline Evler John Phillip Cramer WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes no, ar unknown) (If yes give war ar dates of service 217-32-5021 Mrs. Mary Frances Cramer Frederick. Md. iB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (c) DUE TO TO FUNERAL DIRECTOR: After this certificate has been signed director, page 3 shauld be detached far use as the burial-1-should be filed with the State Dept. of Health priar to burial, Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS)
PERFORMED? witinbuca NO 20a. ACC. DENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (State) (County) Hour a.m. Not While factory, street, affice bldg., etc.) at work 21. I certify that (1) (this hospital) ottended the deceased from 1967. to\_\_ 4-1.5, 1962 that (1) (we) last 9 /2 19 (-2, and that death accurred at 7/6 M, fram causes and an the date stated above saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED ATTENDING M.D. DIRECTOR <sup>22d, ADDRESS</sup> Frederick Me**d**ical Center 22c. PHYSICIAN'S Dr. Willis J. Riddick M.D. Fred. Md. NAME (Type) 23a BURIAL, CREMATION, REMOVAL (Specify) Entombment 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 9-15-1967 Frederick. Maryland Frederick Memorial Park 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL BIRECLOR **ADDRESS** 25a. REC'D BY REGISTRAR Robert 20 M 1/66 Frederick. Maryland DATESFP Dailer G



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12404 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY **b** COUNTY Maryland Frederick Frederick MARYLAND after b CITY OR TOWN (f autside corparate limits, write RURAL and give bearest town) Frederick within 72 hours aft c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) hours Frederick vears filled in l papers d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 24 Frederick Memorial Hospital 8h E. South St. No K requires that the death certificate be executed within Middle 3 NAME OF Eirst 4. DATE Month Day ond completely DECEASED William September 28-10 67 Edward Crummitt DEATH (Type or pnnt) remove cor event, 5 SEX AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7 MARRIED IXI NEVER MARRIED 8 DATE OF BIRTH Jast birthday) Hours March 15-1902 Male White DIVORCED WIDOWED 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10g USUAL OCCUPAT ON (Give kind of work done 11. BIRTHPLACE (County & State or foreign country) burial, cremotion, or removal, and in COUNTRY? during most of work notifie even if entred himployee INDUSTRY -Screen ottending physicion oermit. Then please Frederick Co. Md. Room Operator 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME George Crummitt Mary E. Henson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Frederick, Md. (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs.Edna M. Keith Crummitt-84 E. 214-10-1560 South St. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c)) buriol-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by Page 4 may be retoined by the hospital or ottending physicion. DHE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO stating the underlying cause has been be detached for use as the State Dept. of Health prior to PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 4N PART I(o) WAS AUTOPSY PERFORMED? NO XX FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for un 205. DESCRIBE HOW MIJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER ਤ 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg, etc.) Haur a m. Not While at wark at wark 21. I certify that (1) (this hospital) attended the deseased from Auch director, page 3 should should be filed with the and that death occurred at \_\_\_\_ M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATUREZ 22b DATE SIGNED Sept .28-1967 M.D DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S B.O. Thomas-Jr Prof. Bldg .- Frederick, Md. 21701 LeRoy T. Davis Or NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION, (County) Bur Lal Specify) Mt. Olivet Cemetery Frederick, Md. 21701 0 256 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Frederick, Md.2170 VR A15 (II Charles 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE . 2405 HEALTH DEPI USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Frederick Frederick Marvl and MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Department CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b funer lifetime Frederick Frederick the 5 B. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? any defay is 2, and 3 to t 31 East South St. YES NO K 31 East South St नू रह 3. NAME DE First Middle Last DATE Month Dav Year 12 E DECEASED 30--- 19 67 Karen DeGrange DEATH Sept. Lvnn (Type or print) 2 with with which within AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED X lest birthday) Months Hours Jan. 17-1967 Female White DIVORCED WIDOWED event 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KiND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? U.S.A. Maryland MOTHER'S MAIDEN NAME 13. FATHER'S NAME Paul A. DeGrange-Sr. Ann R. Smith Address Frederick, ad. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unknwn) ((If yes nive war or dates of service) permit. removal. Paul A. DeGrange-Sr.31 E. South St .-No NOME EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause for line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) cremation, DUE TO Conditions. If env. which (b) gave rise to immediate DUE TO ceuse (a), stating 100 underlying cause lest. ed as a burial, DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CERTIFICATION YES X NO T 32 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should be forwarded should ent, pri 3 shou 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) MEDICAL 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and In my opinion Undetermined manner Homicide Accident Suicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR for director. Paretained for Control of FUNERAL Control of Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Robert J. Thomas NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Frederick, Md. 2170 0 Oct. 2-1967 Mt. Olivet Cemetery Rurial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Frederick, Md.21701 196 VR AISME (5) 1/65



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		406
ay is 13 to Page Page I or I o	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence to	efore odm ssian) erick
2, ond 3 to 2, ond 3 to PM3. Page	b C TY OR TOWN (If outside corporate limits, write RURAL and give newers redertick corporate limits, write RURAL and give newers redertick.	10.1
= 15 0 5	a NAME OF HOSPITAL OR INSTITUT.ON (If not in hospital, give street address)  227 Dill Avenue  d STREET ADDRESS  227 Dill Avenue	ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print)  OSCAR First FREEMAN DERR OF September	30, Year 30, 1967
124 hours after death I in Item 18. Give Paggs. ers Office alang with ranges I and 2 with the State any event with n 72 hours	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 18 DATE OF BIRTH 9. AGE (n years   IF UNDER I YE.  Male White WIDOWED DIVORCED Dec. 3, 1894 72st birthday)  yrs Months Do	AR IF LNDER 24 HRS
24 hour in Item irs Office es Tand'	100. USUAL OCCUPATION (Give kind of work dane day and day are treed kind of work dane day are treed kind Methodistic Notice Frederick, Maryland U.S.	N OF WHAT
within 24 pencil in xaminer s ile pages	13 FATHER'S NAME Hiram Derr  14 MOTHER'S MAIDEN NAME Florence McClain	
xecuted with relations of the control of the contro	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) (Yes, no, or unknown) (If yes give wor or dates of service)  220-16-1314 Mrs. Viola E. Derr 227 Dill Ave. F	red. Md.
nauld be e ward "per the Chief I rial-transit	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (b)  Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse  DUE TO  Cut Conditions of the underlying couse  DUE TO  DUE TO  Cut Conditions of the underlying couse  D	INTERVAL BETWEEN ONSET AND DEATH
This certificate striction to be farwarded to be used as a burnal, cremon	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
MINER: This the certificate, a should be fault be to ur files. In 3 should be a gent, prior to it	200 EXTERNAL CAUSE WAS PRIMARY Growth Country of them 18 PRIMARY Growth CAUSE OF DEATH  200 TIME OF INJURY Month, Day, Year Hour a.m. 10 While Not While factory, street, affice bidg, etc.)  200 EXTERNAL CAUSE WAS PRIMARY GROWTH INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18 )  201 TIME OF INJURY Month, Day, Year Place OF INJURY (Home, tarm, factory, street, affice bidg, etc.)	
EXAMINER: cute the cert age 4 shault r yaur files. :Page 3 shau	20c TIME OF INJURY Month, Day, Year Hour a m.  19 While Not While at wark at wark factory, street, affice bldg, etc.)  20c TIME OF INJURY (County County Cou	(State)
글 용도고용 등	death respited fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apinian
b DEPUTY MEDICAL INCOME. A PROPERTY, please expensed director. S may be retained in FUNERAL DIRECTOR. Health ar its design.	ACTUAL SIGNATURE OF CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
ro DEPUTY necessary, the funeral 5 may be ro FUNERAL Yealth ar n	EXAMINER'S NAME (Type)  Robert J. Thomas, M.D. Address (Street, city, town, or county)  230 BURIAL CREMATION.   23b DATE THEREOF:   23c NAME OF CREMATORY   23d LOCATION (City or Town) (Co	- 50-67
10 m = 2 m =	Burora (Peccity) 10-3-1967   Christ Reformed Cemetery Middletown, Maryla	
VR A15ME (5)	ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGN KODE'L E. Dai Day & Son Frederick, Maryland DCT 4 1967 Fullently	Judges



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12407 12398 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Frederick MARYLAND Maryland Frederick physician and completely filled in by the f c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) b CITY OR TOWN (f outside corporate limits, CLENGTH OF STAY IN 16 papers. Page Min 72 hours a 60 Years Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? East Second Street YES NO IX Visitation Convent Middle 3 NAME OF 4. DATE event, wit First Last DECEASED (Type or prent) Sister Ignatius Lovola Dove September 67 Mary 19 DEATH S SEX 9. AGE (In years #F UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Jost birthdoy) Months Davs Hours cremotion, or removal, and in any Female White WIDOWED DIVORCED May 31, 1881 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Culinary Dept. INDUSTRY COUNTRY? Visitation Convent Maryland 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME W. H. Dove Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the attendir buriol-tronsit permit. (Yes, no, or unknown) ((If yes give war or dates of service) Visitation Convent Records None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a). (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gove nse to immediate couse (a). DUE TO stating the underlying couse FUNERAL DIRECTOR: After this certificate has bown irector, page 3 should be detached for use as the hand he filed with the State Dept. of Health prior to I PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? director, page 3 shauld be detached for use should be filed with the State Dept. of Health NO PX YES 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of miury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg, etc 1 19 2). I certify that (I) (this haspital) attended the deceased fram. 1966, ta 1967, that (I) (we) last Z, and that death accurred at 11-55-M, fram causes and an the date stated above saw the deceased alive an\_ 220. SIGNAFARE 22b. DATE SIGNED ATTENDING PHYS Sept. 11,1967 DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Sa Toll House Avenue, Frederick, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d EOCATION (City or Town) 230 BUR AL, CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Sept. 11.1967 Visitation Lonastery Cem. Frederick, Maryland 0 ADDRESS Takekeen 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) M. R. Etchison & Son, Frederick, Maryland DATESEP 20 M 1/68



]	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	12399 CERTIFICATE OF DEATH
executed within 24 hours after death of the running	1. PLACE OF DEATH o. COUNTY  D. CITY OR TOWN (If ours de carparate limits, write RURAL and give nearest fawn)  2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o STATE  MARYLAND  D. CITY OR TOWN (If ours de carparate limits, write RURAL and give nearest fawn)  The county of the county of the carparate limits, write RURAL and give nearest fawn)
d within 24 hours	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  The derick Memorial Ausptal Frederick R3.  3 NAME OF East Models  1 A DATE Month Day Year
e executed with the budget of the completel completel of the completel completel of the complete of the comple	DECEASED  (Type or print)  S SEX  6 COLOR OR RACE  7 MARRIED  NEVER MARRIED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  AGE (In yours)  10 Lost birthday)  10 Lost birthday  Months  Doys Hours Man.  100 US JAL OCCUPATION (G ve kind of work done)  10b. KIND OF BUSINESS OR  11 BIRTHPLACE (County & State, or foreign country)  12 CIT ZEN OF WHAT
equires that the death certificate be physician. Signed by the attending physician but burial-transit permit. Then please to burial, cremation, or remaval, and to	10a US JAL OCCUPATION (G ve kind of work dane during most of working life, eyen if retired)  10b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY  Price Electric Corte Tredering (Country)  12 CIT ZEN OF WHAT COUNTRY?  COUNTRY?  L. S. A.  13. FATHER S NAME  14. MOTHER'S MAIDEN NAME
the death certific e attending physt permit. Then pation, or removal	IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, out, nknown) (If yes give wor or dates of service)  16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, out, nknown) (If yes give wor or dates of service)  18. CAUSE OF DEATH (Enter only one couse per line for O), (b), and (p) PART I. DEATH WAS CAUSED BY- ONSET AND DEATH
	IMMEDIATE CAUSE (a)  Conditions, if ony, which gave is to immediate cause (a), stating the underlying cause last.  (c)
The after has has a had a has a	PART II DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT AND TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED?  YES NO  200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CONTRIBUTION OF CONTRIBUTI
Page 4 may be retained by the hospital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar ta	20c TIME OF INJURY Manth, Day, Year Hour o.m. p.m. 19  20d INJURY OCCURRED While of work of the bldg o
R ATTENDING retained by th RECTOR: After 1 3 shauld be d with the State	21. I certify that (I) (this haspital) attended the deceased fram
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld Shauld be filed with the	22c. PHYSICIAN'S NAME (Type)  23c. NAME (Type)  23d. ADDRESS  23d. LOCATION (City or Town) (County) (State)
01 VR A15 (A)	REMOVAL (Specify) 9/24/69 Utica Ben.  24. FUNERAL DIRECTOR  ADDRESS  250 RECD BY REGISTRAR S SIGNATURE:  4. P. Barton Walkersnille Md 21793 DATE  DATE



M. R. Etchison & Son, Frederick, Maryland

Marilo

1967

VR A15 (4)

20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. pup 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY Frederick o. STATE **b.** COUNTY Frederick Maryland ent, within 72 hours after MARYLAND C LENGTH OF STAY IN 16 < CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate I mits. RAL and give nearest town)
Frederick Frederick months requires that the death certificate be executed within 24 haunt papers. d. STREET ADDRESS e IS RÉSIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) and completely filled in Frederick Nursing Center 116 East Third Street NO IX edf bon, NAME OF First Middle Last 4 DATE Month Уеаг Day DECEASED OF DEATH HARRY **EDMONDS** CLIFFORD September 6. 19 67 (Type or print) S. SEX AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH **NEVER MARRIED** 80 vis Months Dovs White Jan. 17, 1881 buriol, cremotion, or removal, and in any Male DIVORCED 10a USJAL OCCJPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Retired Barber COUNTRY? INDUSTRY Ret. Barber Frederick County, Md. 14 MOTHER S MAIDEN NAME 13 FATHER'S NAME Ida E. Rice Eyster W. Edmonds IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown). (If yes give wor or dotes of service) 218-30-9204A Mrs. Elouise C. Main 116 E. 3rd St. Fred Md. No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per lipe, for (a), (b), and (c).) buriol-tronsit ONSET AND DEATH PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) **DUE TO** 13 MOS. Conditions, if only, which gove nse to immediate couse (a). DUE TO stating the underlying cause Poge 4 may be retained by the hospital or attending hos been os the last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) director, page 3 should be detoched for use should be filed with the State Dept. of Health YES 🗔 NO K O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for up 205 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER: 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work 2). I certify that (1) (this haspital) attended the deceased from States , and that death occurred at A.M. from causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED 9-6-1967 DIRECTOR 22d. ADDRESS NAME (Type) Dr. Rollert J. Thomas M.D. Toll House Avenue Frederick. Md. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Mount Olivet Cemetery Frederick. Maryland 9<del>4</del>8-1967 24 SUMERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATUR Ocharles VR A15 (4) 20 M 1/66 1967 Frederick, Maryland DATE SEP Dalley &



	1 /		Division of STATISTICAL RESEARCH AND RECORDS 30	DI W PRESTON STREET, BALTIMORE, MARYLAND 21201
1	- Comment		12402 Items #8 & information	FOF DEATH cert. Film#G3929/20/67 ph.
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2	r death. uneral 1 ond 2 r death.	1.	o. CQUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)  o. STATE  b. (OUNTY  Haryland Frederick
	in 24 Journaline illedinnay He-ful papers. Pages 1	$\vdash$	Frederick MARYLAND	
1	S S S		b. CTTY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
	no no	-	Frederick Month	Frederick
	dain dain 72 l	/	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. Street address  e. is residence on a farm?
	filleduin to popers.		Montevue Infirmary	206 S. market Street YES NO 5
	老	3	NAME OF First Middle DECEASED	tast 4. DATE Manth Day Year
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	ote iciol leas			Frederick County, maryland U. S. A.
	tific hys n p vol,	13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	The promise of the pr		Lewis E. Abrecht	Mary Gertrude Lantz
	ath indir or re		as no ocupication (If yas a valuar or dates of saru.ca)	INFORMANT Address
	erm erm on, c		NO.	hn B. Eppley(Same as item # 2)
	PHYSICIAN: The low requires that the death certificate be executed within 24 pourse haspital or ottending physicion.  In a certificate has been signed by the attending physicion and campletely filled in ay stoched far use as the burial-transit permit. Then please remove carbon papers. Papers of Health prior to burial, cremation, or removal, and in any event, within 72 hours.		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSEL AND, DEATH
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	G PHYSIC the hospit this certi detoched e Dept. of		(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e Pt.	ACE OF INJURY (Home, form,   20f. (City or town) (County) (Stote)
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	ATTEND etained CTOR: A should /ith the		220 SIGNATURE	22b DATE SIGNED
	REC 3 s	ı	12. 21 11 14 14 14 14	A.D. ATTENDING E MED STAFF Sept. 11, 1967
			22c PHYSICIAN'S	22d ADDRESS
	RAI P P P P P P P P P P P P P P P P P P P		NAME (Type) Bernard O. Thomas, M. B.	228 N. Market St. Frederick, Laryland
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be tiled with the State Dept. of Health prior to the state Dept. of Health prior to the state Dept.	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
	E ge Carlo		Burial Sept. 14,1967 Mount Olivet	
	- 1/1	2	1. FUNERAL DIRECTOR 12 27 ALL MY ADDRESS FACE	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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l	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	and the second second
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	write RURAL and give nearest town)  Lee derich 32 days (1) al born in 10 a	
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1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	I J. M. J. A.
	Charles Et las Italian I Thanks	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.   17. INFORMANT	u u
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	Hour a.m. While Not While factory, street, office bldg., atc.)	
ì		3, 1% 7., that (1) (
	saw the deceased alive on	
	228. SIGNATURE	226.
	ATTENDING MED DIRECTOR PHYS. DIRECTOR PHYS.	}
	22e/ PHYSICIAN'S 22d. ADDRESS	
	NAME (Type) James B. Thomas, M.D. 228 N. Market St., Fre	derick. Md.
2	3a. BURIAL CREMATION   23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City,	
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2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256.	EGISTRAR'S SIGNATURE
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove ration pages. Pages. Land 2 should be filled with the State Dept. af Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death		IB. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave is to immediate cause (o), stating the underlying cause lost.  (c)	dea	int disease	arteriord	Perote type	IN SI	TERVAL BETWEEN NSET AND DEATH
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OR AT DIRECTOR She e 3 she ed with			ray	M.D.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGI	NED
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	]	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
reference of	A A		12405 CERTIFICATE OF DEATH
	frer death		PLACE OF DEATH  a. COUNTY  FREDERICAL  MARYLAND  b. COUNTY  MARYLAND  b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  b. COUNTY  VIRGINIA  C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
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	uted within 2 impletely filled ve carbana pape event within		NAME OF DERICK MEMORIAL HOSPITAL LOVETTS VILLE, VA, YES NO NAME OF DECEASED OF DECEASED (Type or print)  SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years) FUNDER 1 YEAR IF UNDER 2 PHRS
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	t the death certifica the attending physic sit permit. Then ple nation, or remayal, c	15	FATHER'S NAME  THE REST OF THE
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	The law requirantending phy attending phy has been sign se as the burith priar ta buri		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).  19. WAS AUTOPSY PERFORMED?
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	d by Affer Affer J be Stat	MEDICAL	20c. TIME OF INJURY Month, Day, Year Rour a.m. p.m. 19 20d INJURY OCCURRED While at wark of twork at wark 19 a
	OR to be re		saw the deceased alive an Sept 3 1967, and that death accurred at 4450M, fram causes and an the date stated above 22a. SIGNATURE  ATTENDING MED. STAFF 22b DATE/SIGNED  22c PHYSICIANS  22d ADDRESS
	O HOSPITAL Page 4 may O FUNERAL directar, pag should be fil		NAME (Type) A. A. Pearre, Sr., M. D. 4 E. Church St., Frederick, Md. 21701
	Page To FUN direct shou		BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)  REMOVAL (Specify) 27 1967 (NION CEMETERY OR CREMATORY LOVETTS VILLE LOUTION VA.  1. FUNERAL DIRECTOR ELEVEL T. TILLETADDRESS, 25a RECTO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR A15 (4) 20 M 1/66		m. P &telian y tom turing her DATE SEP & 150/ puranes judges

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12408 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12415 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, f institution. Residency before admission) 3 to Poge a. COUNTY a. STATE **b** COUNTY ō Frederick Maryland MARYLAND Frederick delay Deportment b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest tawn) c LENGTH OF STAY N ID c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) ond 2, ond PM3 Frederick Frederick vears d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? Item 18. Give Poges 1, Office along with form Stote | Frederick Memorial Mospital 426 N. Bentz St. NO TO YES  $\square$ First Middle 4. DATE Lost Month Dov Year DECEASED Sept. 20-67 (Type or print) Horace Greelev Fogle DEATH 19 within 5 SEX 8. DATE OF B RTH 9 AGE (In years FUNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 5 NEVER MARR ED 70 lost birthdoy) Male Days Hours White May 15-1888 WIDOWED D-VORCED. event 11 BIRTHPLACE (Stote or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT dur no most of working life, even if retired) Brush Factory COUNTRY? Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within .E Charles Albert Fogle Ida Elizabeth White and S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Frederick, Md. or removol, (Yes, no, or unknown) (If yes give wor or dates of service) 220-10-5888A Mrs. Lucy Kintz Fogle-426 N.Bentz St. οM INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line (6), (b), and (c).) PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) This certificate should cremotion, DUE TO Canditians, if any, which gave nse to immediate couse (a), DUE TO stating the underlying couse bur.al, WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES NO 200 EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Page I of Items 18) . should CAUSE OF DEATH 20e PLACE OF INJURY (Home form, factory, street, office bldg etc.) 20d INJURY OCCURRED T ME OF INJURY Manth, Doy, Year (County) Not While DIRECTOR: Page of wark 9 mg its designated 21. I certify that I took charge af the remains described above, held an Autopsy I Inspection [ Į, Inquiry and in my apmion death resulted from. Natural causes Accident . the funeral director. Stricte . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY Realth or i DEPUTY MEDICAL EXAMINER 😾 **EXAMINER'S** Thomas, M.D. Robert Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o BUR AL CREMATION 23h DATE THEREOF 238 LOCATION (City of Town) (Stote) 0 REMOVAL(Specify)
Burial Frederick Mem. Park Frederick, Md. 21701 250 REC D BY REG STRAR 25b REGISTRAR S SIGNATUR M.R.Etchison Frederick, Md.21701 wyells VR A15MEY & Son

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12407 19416 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death signed by the ottending physician and completely filled in by the funeral burial-tronsit permit. Then please remove carbon papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY **b.** COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and ave negrest town papers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 246 East nomorical. NO V NAME OF 4. DATE Day Year DECEASED 19 6/ (tring ar print) TO.Ne. DEATH IF UNDER 24 HRS SEX IF UNDER 1 YEAR AGE (In years 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED t bythdoy) Months Days Hours (0-5yno ni bno WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10g USUAL OCCUPAT ON (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired). INDUSTRY COUNTRY? Frederick County. Md. Ś. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME removal. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, na, ar unknown) (If yes give war or dates of service) 2 220 16 1345 William Fox (Same as item #2) No cremation. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN LONSET AND DEATH buriol-tronsit IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or ottending physician. DUF TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stating the underlying cause hos been the last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO P O FUNERAL DIRECTOR: After this certificate ă 20a ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or fown) (County) (State) factory, street, affice bldg., etc.) ATTENDING at wark ., 1962, that (I) (web-last 21. I certify that (1) (this hospital) attended the deceased fram\_ , 1966, to Sent 2 Sent 1 19 . . and that death occurred at 7 45 M, from causes and an the date stated above saw the deceased alive an\_ 22a, SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. 22d ADDRESS 22c PHYSICIAN S NAME (Type) Frederick Medical Center, Frederick, Md. W. J. Riddick, M. D. director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Frederick. Maryland Frederick Memorial Park Buria 1867 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M. R. Etchison & Son. Frederick, Maryland DATE



-Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12408 CERTIFICATE OF DEATH 19417 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH the attending physician and campletely filled in by the funeral sit permit. Then please remave carbon papers. Pages Land o. COUNTY o SIAIE Maryland Frederick MARYIAND Frederick c CITY OR TOWN (If autside carparate limits, write RURA, and give nearest town) E LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RLRAL and give pearest town)
Rural - Frederick Years Rural - Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Route # L. Frederick. Maryland lu. Frederick, Maryland YES 😾 NO 🛚 Route # NAME OF Middle 4 DATE ITS Lost Year DECEASED Sept. 67 Fry Harry C. DEATH (Type or onnt) and in any every AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS SEX 6. COLOR OR RACE B DATE OF BIRTH 7. MARRIED NEVER MARRIED 89 pirthdoy) Months Hours WIDOWED June 24, 1878 DIVORCED White Male 100 USLAL OCCUPATION (Give Kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or remayal. Maria Stout Joshua C. Fry WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT signed by the attendir burial-transit permit. 220 16 0042 Howard C. Fry(Same as item # 2 IB. CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (k))
PART DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial. Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO as the priar to b stoting the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been fost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? far use 3 should be detached far use with the State Dept. of Health NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg , etc.) of work ot work 1967 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from saw the deceased glive on TIII 16719 \_\_\_\_, and the and that death occurred a 5:45 PM, from causes and on the date stated above. saw the deceased alive on. 22b DATE SIGNED 220 SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. Sept. 16,1967 PHYS director, page should be filed 22d ADDRESS Dr. Richard C. Reynolds 80h Toll House Ave .- Frederick, Md . 21701 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23a. BURIAL, CREMATION. 23b. DATE THEREOF (Stote) REMOVAL (Specify) Sept. 18.1967 Reformed Cemetery Church Hill Frederick 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE W. ADDRESS Jacker 24. FUNERAL DIRECTOR Milarles Judge VR A15 6 M. R. Etchison & Son, Frederick, Maryland 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301. W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 72419 be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH and completely filled in by the funera remave carban papers. Pages I am o. COUNTY o. STATE b. COUNTY Frederick Marvland Frederick TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the fun director, page 3 should be detached for use as the burial-transit permit. Then Please remove carbon papers. Pages 1 should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after a MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Frederick Frederick days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 18 West 12th Street Frederick Nursing Cemetery Center NO X GREEN Last 4 DATE 3. NAME OF Month IRMA T DECEASED September 67 (Type or print) DEATH IF UNDER IF UNDER 24 HRS. 8 DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED p rthday October 25,1896 Female White WIDOWED K DIVORCED 10a, US\_AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1), BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life ever if retired) MADUSTRA Frederick County. Marylahd requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Emory C. Biser Mary E. Klipp TS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes No or unknown) (If yes give war ar dotes af service) 17. INFORMANT 16. SOCIAL SECURITY NO 219-44-2846 Mr. Alfred Denn 406 Lee Place Fred. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CALSED BY:
IMMEDIATE CAUSE (a)

CARCINOMA

OF INTERVAL BETWEEN ONSET AND DEATH Page 4 may be retained by the hospital ar attending physician. DUE TO 2 4/5. WIDESPREAD METHSTASES Conditions, if any, which gave rise ta immediate cause (a). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO X YES 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased from form, 19 and that death occurred at 19.67 that (I) (we) lost M, fram causes and an the date stated above sow the deceased alive an\_ 22b. DATE SIGNED 22a SIGNATURE ATTENDING MED. DIRECTOR 9-17-1967 M.D. 22d. ADDRESS NAME (Type) Dr. Richard C. Reynolds 804 Toll House Ave. M.D. Frederick. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL CREMATION, REMOVAL (Specify) Burial (County) 23b. DATE THEREOF (State) Mt Olivet Cemetery Frederick. Maryland 9-20-1967 256. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS Dailey & Son Frederick. Maryland DATE 20 M 1/66



10-2-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) b. COUNTY a. STATE Frederick Frederick Larvland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Years Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS O. IS RESIDENCE DN A FARM? Frederick Hotel.Frederick. Md. NO IX Frederick Hotel. Frederick. Ld. YES 3. NAME OF Middla Mon th Day DECEASED DEATH SEPTEMBER 19 67 (Type or print) GRENOBLE 2 with within 5. SEX AGE (In years | IFUNDER | YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE I 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED Sept. 3, 1915 Male DIVORCED [ White WIDOWED [ event IDe. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) COUNTRY during most of working life, even if retired) INDUSTRY U. S. Army Pennsylvania -Cook any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Peters Lee Grenoble File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md. (Yes, no, or unkown) (If yes give war or dates of service) permit. I removal, Mrs. Jean Grenoble, 68 S. Market St. Frederick 717 09 7837 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit **DUE TO** infiltration of the liver Conditions, if eny, which (b) gave rise to immediate DUE TO cause (a), stating the Acute and chronic alcoholism used as a to burial, underlying cause last. WAS AUTOPSY PART ILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES TO NO T 208. EXTERNAL CAUSE WAS PRIMARY TO ST CONTRIBUTING TO CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.) should be forwarded should ent, pri 3 shoul WEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20/. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While - Not While at work at work Inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Undetermined manner Sulcide Homicide death resulted from: Natural causes ...... Accident CHIEF MEDICAL EXAMINER YOUR or its 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR for FUNERAL 1 DEPUTY MEDICAL EXAMINER IX **EXAMINER'S** director. retained Robert J. Thomas, M. D. Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Gettysburg National Cem. Gettysburg, Pa. 9 Sept.13,1967 Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1967 Thomas VR ALSME (5) Marylandoate R. Etchison & Son. Frederick. 1/65

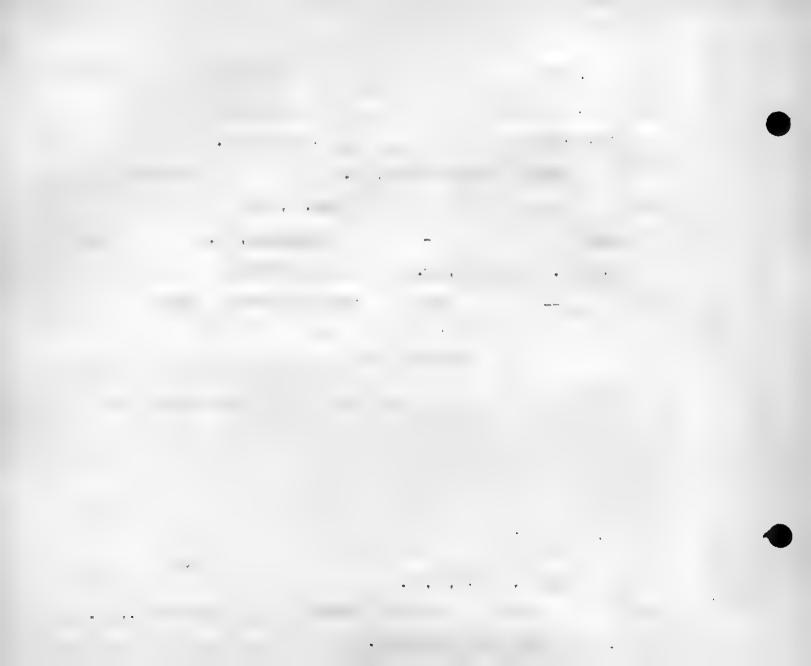


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b COUNTY Frederick o. COUNTY Frederick o. STATE Maryland MARYLAND girer CLENGTH OF STAY IN 15 oon papers. Pages within 72 hours aft b CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) The law requires that the death certificate be executed within 24 haurs Since-9/8/67 Mt. Airy Rural-RD#1 Frederick d STREET ADDRESS 8 IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ≘ filled i Plane #4 Frederick Memorial Hospital NO K YES attending physician university and natural Then please remaye carbon NAME OF First Middle Last DATE Month Day Year DECEASED 1967 September **EVA ELIZABETH** HARNE 9. DEATH ype or print) burial, cremation, ar remayal, and in any event, LYEAR IF UNDER 24 HRS AGE ( n years IF UNDER XX 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH NEVER MARRIED last birthday) Manths Days Hours 26 Oct 1896 Female White WIDOWED XX DIVORCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10g JSUAL OCCUPAT ON (Give kind of work done U. S. during most of working life, even if retired)
HOUSE-WOLK OWN HOME Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ida Gertrude Ausherman Charles David Harshman Route 7. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) Frederick, Md. 21701 215-54-0695 Mrs. Madeline R. Knill INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burnal-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause detached for use as the re Dept. af Health priar ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUTH BUT NOT RELATED TO WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIF CATION YES 📆 NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18) 200 ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER be detached State Dept. o (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or lown) TIME OF INJURY Month, Doy, Year Not While factory, street, office blda, etc.) Haur om. While OR ATTENDING 19 at work at wark 21. I certify that (I) (this haspital) attended the deceased from Aug. 1, 1967 to Sept. 9, 167, that (I) (we) last saw the deceased blive an Sept. 9, 1967, and that death occurred at 8:45m, from causes and on the date stated above 19 67 to Sept. 9, 167, that (I) (we) last shauld be filed with the saw the deceased place an 22b DATE SIGNED 22a, SIGNA ATTENDING DIRECTOR M.D PHYS 22d ADDRESS Frederick Medical Center NAME (Type) Adel Demiary, M. D director, p 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b DATE THEREOF (County) 230 BURIAL, CREMATION, BUTTAL Specify) 9/12/67 Bush Creek Cemetery Monrovia, Md. 2Sb REGISTRAR S SIGNATURE 25g, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR M. R. Etchison & Son. Frederick. Md. 21701 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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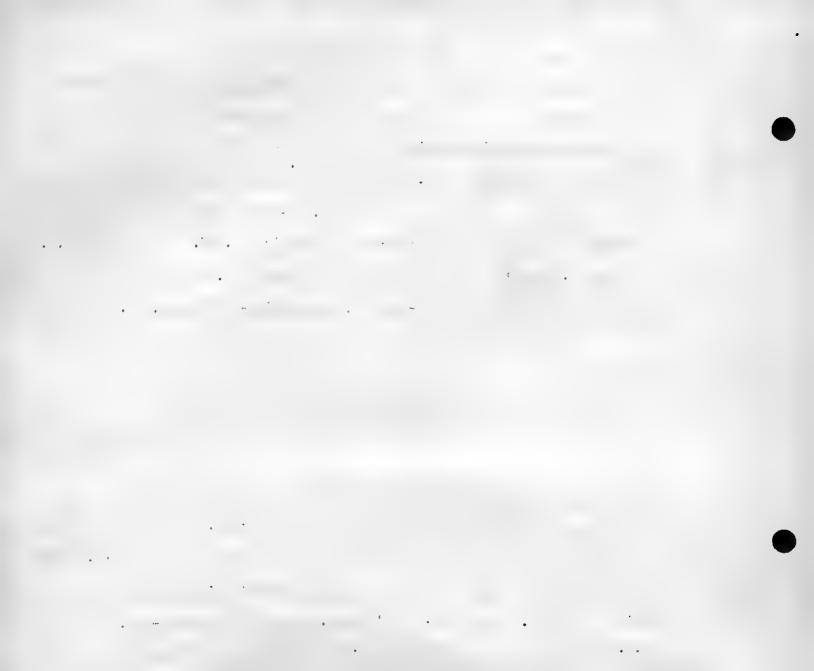
MARYLAND STATE DEPARTMENT OF HEALTH f Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12422 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH\_DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived, If institution: Residence before admission) a. COUNTY b. COUNTY Raltimore a. STATE Maryland Fredrick MARYLAND tuneral may be b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Depart after d Essex (21) Rural 3 Mi. W of Fredrick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS. e. IS RESIDENCE 3 to 1 ON A FARM? State Clifton Road 1109 Tace Dr. NO X 3. NAME OF 4. DATE Month First Middle Lest Year 75 the DECEASED (Type or print) DEATH WAYNE HILDERBRAND. JR. September 19 67 WITE STATE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Min. 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIENTE 8. 7. MARRIED in Item 18. Give Pages 1, Office along with form White WIDOWED . DIVORCED Male Sept. 4. 1961 e a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  $\overline{\phantom{a}}$ Baltimore. Md. USA Student gages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Robert W. Hilderbrand. Euna Grubb File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address in pencil in permit. | removal, executed within NONE Euna Hilderbrand Same No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit cremation, or CONGESTIVE PAILURE HIE ART cremation, DUE TO CARBON MONOXIDE Conditions, If ony, which should be (b) geve rise to immediate DUE TO ceuse (a), stating the æ used as a to burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY CERTIFICATION PERFORMED3 NO YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 1) of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 should tagent, prik MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour e.m. Not While CTOR: Page designated at work L at work Inquiry X, and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection DIRECTOR: Homicide XI. **Undetermined** manner Natural causes | | Suicide death resulted from: \_ Accident 116 CHIEF MEDICAL EXAMINER your execute r. Page 4 d for you ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Ö DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Address (Street, city, town, or county) 8/2 Total House director. NAME (Type) Robert Thomas. J. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, BURLAL (Specify) Oak Lawn Cemetery Baltimore Co.. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MERAL DIRECTO VR ALSME Bruzdzinski 1407 Bastern Ave. Thores



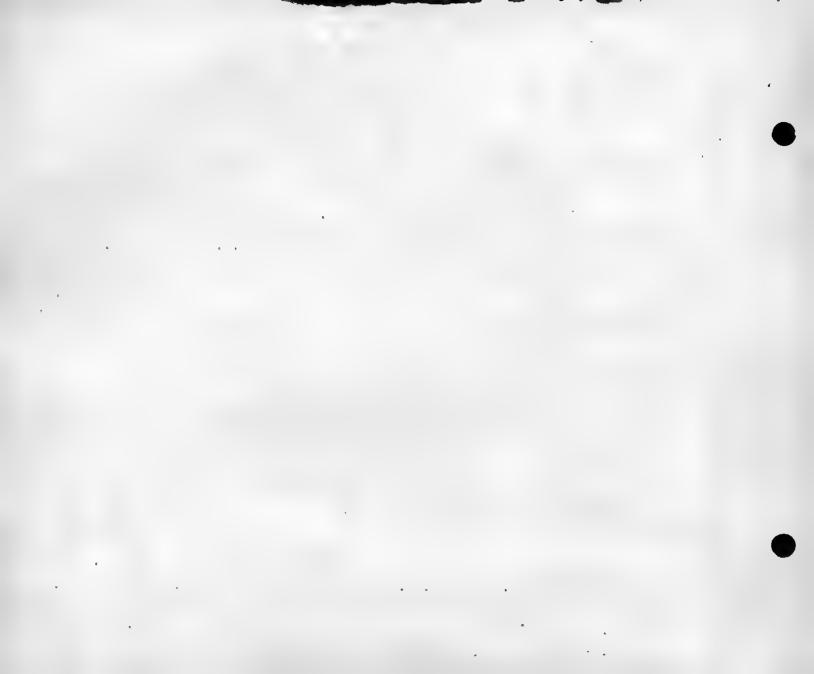
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH BEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Fredrick MARYLAND Baltimore the funeral 5 may be Department after death b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural 3 Mi. W. of Fredrick Essex (21) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS ay is 3 to t State hours Clifton Road 1109 Tace Drive NOW YES 2, and PM3. 3. NAME OF First DATE Year Middle Last Month DECEASED DEATH ROBERT WAYNE HILDERBRAND. SR. (Type or print) 67 September urs after death. If a 18. Give Pages I., along with form F 5. SEX 6. COLOR OR RACE | 7. MARRIED KE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) | Months | Days Hours White April 22, 1939 Male WIDOWED . DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** Truck Driver Electrical Co. Fredrick, Md. USA any pages in any 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME hours Thomas H. Hilderbrand Helen Boone 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) permit. I EXAMINER: This certificate should be executed within Euna Hilderbrand No 34 2703 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medical DUE TO MONOXIDE Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the used as a underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY 19. CERTIFICATION PERFORMEN? YES T ND. 208. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 3 should bagent, privil MEDICAL 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm.) (State) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) Hour a.m. White. CTOR: Page designated at work 21. I certify that I took charge of the remains described above, held an Autoosy inquiry and in my opinion Inspection should Undetermined manner Accident Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER Your 탕 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY MEDI SIGNATUR 0 for DEPUTY MEDICAL EXAMINER FUNERAL I **EXAMINER'S** director. Robert J. Thomas. 812 Tail Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF PAREMOYAL (Specify) 30/67 Oak Lawn Cemetery Baltimore Co. Md. 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS Paneral Home 1407 Eastern Ave. 1967 VR ALSME (5) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12424 CERTIFICATE OF DEATH 12415 law requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) the attending physician and completely filled in by the funeral sit permit. Then please remove carban papers. Pages I and PLACE OF DEATH o. STATE b. COUNTY a. COUNTY Frederick Frederick MARYLAND Marvland Dewithin 72 hours after C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
Frederick Jefferson 24 days e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Frederick Memorial Hospital YES NO SC 3 NAME OF First Middle Last\_ DATE Day Year DECEASED 19 67 Hubert September (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (in years S SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH last birthday) Manths Days Hours WIDOWED DIVORCED ar remaval, and in any White 17-1892 Male 10a JSUAL OCCUPATION (Give kind of work dane during most of work ng lite, even if retired)
Farming 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY? INDUSTRY U.S.A. Frederick Co. Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Adelaide A. Herring Ezra J. Horine WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service) W. Ross Horine- Jefferson, Md. 21755 217- 16-2211 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) )
PART 1. DEATH WAS CAUSED BY ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) signed by physician. DUE TO 1 33163 Conditions, if any, which gove rise to immediate couse (a), DHE TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS!
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health p CERTIFICATION NO V Ereneloss, > 1966 Page 4 may be retained by the hospital ar 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) Haur a.m. factory, street, affice bldg., etc.) Not While 2]. I certify that (I) (this haspital) attended the deceased from Lacoba 1947, to . S. 1944 1967, that (1) (we) last 19.6.7, and that death accurred at 10a.M, fram causes and an the date stated above. director, page 3 shauld shauld be filed with the saw the deceased alive on.... 22b. DATE SIGNED 22n SIGNATURE MED. DIRECTOR STAFF PHYS. Sept. 4-1967 M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Jefferson, Md. 21755 23d LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a BURIAL, CREMATION, REMOYAL (Specify) St. Paul's Luth. Cemetery retery Jefferson-250. REC'D BY REGISTRAR 256. 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 DATSEP M.R. Etchison & Son Frederick, Md.21701



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12425 CERTIFICATE OF DEATH Poges I and 2 Theurs after death-The law requires that the death certificate be executed within 24 hours after death. by the funeral Poges 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1 PLACE OF DEATH Maryland 6 COUNTY Frederick a. COUNTY Frederick MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C LENGTH DE STAY IN 16 CITY DR TDWN (If outside carparate limits, write RURAL and give nearest tawn) Years Frederick Frederick e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) filled 126 White Oak Place YES NO TE Wynelle Nursing Home par 4 DATE Month 3 NAME OF Middle Last Day Year First completely DECEASED 19 67 September JONES MARY FRANCES DEATH (Type or print) burial-tronsit permit. Then pleose remove corl burial, cremation, or removal, ond in ony event IF JNDER 24 HRS IF UNDER 1 YEAR 9. AGE (In years B DATE OF BIRTH S SEX 6. CDIDR DR RACE NEVER MARRIED 7. MARRIED So vis Manths Davs Hours DIVORCED Nov. 25.1880 WIDOWED 1 White Female 10a USUAL OCCUPATION (Give kind of work dane 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR U. S. during most of working life, even if ret.red)
HOUSEWITE INDUSTRY Amsterdam, N.Y. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Annie Rastrick John Shuttleworth IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknawn) (If yes give war ar dates af service) Indeserick. Md. 16. SOCIAL SECURITY NO. 17 INFORMANT irs. G. Horton Peace, 426 White Oak Place. 101 01 0783 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter an y one cause per line for (o), (b), and (c).) signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, pag≡ 3 should be detached far use as the director, pagm 3 should be detoched far use os the should be filed with the State Dept. of Health prior to 19. WAS AUTD PSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While at wark at work ot\_\_\_\_\_M, from causes and on the date stated above. 21. 1 certify that (1) (this haspital) ottended the deceased from Court 5, 1957, and that death occurred of saw the deceased alive on Cont 22b. DATE SIGNED 22a. SIGNALURI **ATTENDING** -MED. DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S h West Third St. Frederick, Md. Thomas E. Stone, M. D. NAME (Type) 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Sept. 26,1967 Crest Haven Cemetery Clifton. 25b. REGISTRAR'S SIGNATURE M ADDRESS fact hein 2Sa. REC'D BY REGISTRAR Daniel I 24. FUNERAL DIRECTOR YR A15 (4) 20 M 1/66 M. R. Etchison & Son, Frederick, Maryland



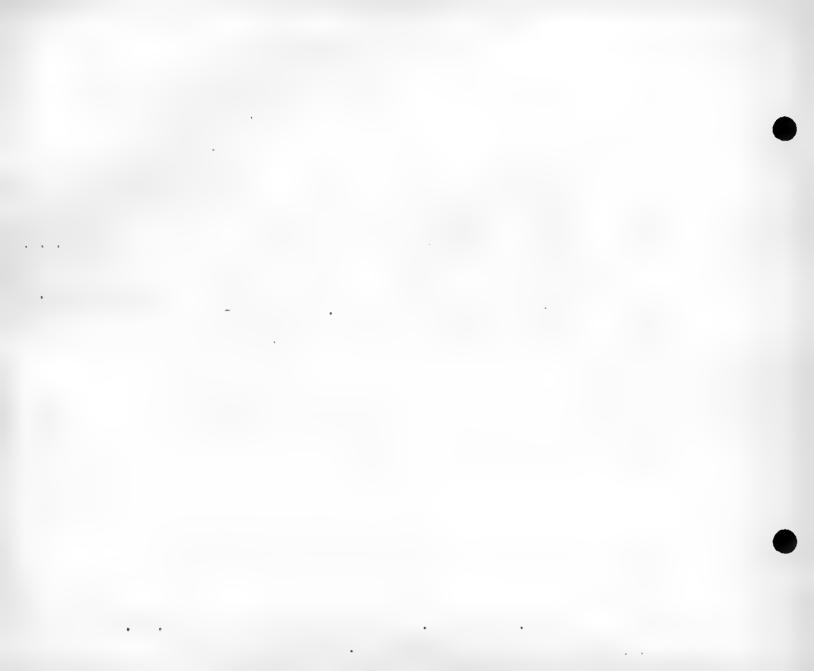




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12428 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Frederick a. STATE **b.** COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Frederick davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS e. IS RESIDENCE ON A FARM? 915 Motter Place Frederick Memorial Hospital Ξ No f maletely carbon a within \_ D 3. NAME OF Middle Last DATE Day DECEASED FLORENCE VIRGINIA KEILHOLTZ September 14.19 67 (Type or print) DEATH executed SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIEO 8. OATE OF BIRTH 9 and White Female. March 1915 WIDOWED [ DIVORCED 16. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY .= 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please COUNTRY? Switchboard Operator-Fred, Hosp. Frederick County, Md. U.S.A. death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Flook Columbus N. \_Haupt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. cremation, or n 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Ns. no. or unkown) ((If yes give war or dates of service) 217-10-9210 Mr. W. Glen Keilholtz 915 Motter Pl.Fred.Md. 18. CAUSE OF DEATH [Enter only one cause gerline for (a), (b), and (c).1 INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-tr burial, o **OUE TO** Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES TO No [ PHYSICIAN: this certing detached for 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Stould be de ith the State I factory, street, office bldg., etc.) Hour a.m. Not While n.m. at work at work 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the saw the deceased alive on and that death occurred at 113 AM, from the causes and on the date stated above. 22b. 22a. e 8 page DIRECTOR PAYSICIAN'S NAME (Type Dr. John H. Teske FUNERAL 22d. ADDRESS director, p M. D 700 Montclaire Avenue Frederick. Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. (State) REMOVAL (Specify) United Brethren Cem. Mt. Zion Myersville, Maryland SFP 1 8 1987 Dailev Fréderick. MarylandNate VR A15 (4) 20M 1/65

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1¥	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201													
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	HEALTH, DE			PLACE OF DEATH					2. USUAL RESIDENCE o. STATE		ved, if institute	on Residence	before odmi	ss on)
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	nin col ii	in any e		FATHER'S NAME			-		14. MOTHER'S MA DEN	NAME				
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	executed anding ' .n Medical E	aval, a	(Ye	WAS DECEASED EVE (, no, or unknown) <b>NO</b>	R IN U.S. ARMED FORCES? (If yes give wor or dotes or	of service)	OCIAL SECURITY NO 7-10-9293		nformant s. Betty Po	oole-Ball	Addre		Me 2-Free	
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	<u> </u>	agent, prior ta	L CERTIF CATION	200 EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH	USE WAS NTRIBUTING 🗀	20b DES	CRIBE HOW INJURY OF	CURRED	(Enter noture of injury ii	n Port I or Port II o	fitem 18)			
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	o DEPUTY MEDICAL necessory, please ex the funeral director. 5 may be retained f	‡ ar		EXAMINER'S NAME (Type)	Robert J	Thom	as, M.D.			CAL EXAMINER 👤 et, city, town, or co			9/11	167
	necessa the func 5 may	₩ \	230	BURIAL, CREMATION REMOVAL (Specify	1		23c NAME OF CEME				th (City or Tov	wπ) (Co	unty)	(Stote)
		20	74	nrial FUNERAL DIRECTO	Sept.l	1-1967	Mt. Olive	t Ce	metery	Frede	rick W	Id 2170	ATURE	LAP.
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18430 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick Frederick papers. Pages 1 hin 72 hours ofter MARYLAND c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate imits, c. LENGTH OF STAY IN 16 Rural - Braddock Hgts. Frederick Approx.4 yrs. filled in d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Vindobona Conv. & Rest Home 354 W. Patrick St. YES NO X The law requires that the death certificate be executed within 3 NAME OF 4. DATE Firs# Middle Last Day Year attending physicion and completely sermit. Then please remove carbot DECEASED OF Sept. Georgia Miller 67 event Derr 19 DEATH (Type or print) AGE (In years IF UNDER I YEAR I IF JINDER 24 HRS S SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 86 (in years) Manths Days Haurs May 10-1881 buriot, cremotion, or removal, and in only Female White WIDOWED K DIVORCED TOa USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. during most of working life, even if retired) INDUSTRY Frederick- Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Derr Alice Fraley IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Frederick, Md. (Yes, na, or unknawn) (If yes give war ar dates af service) signed by the attend burial-transit permit 21h-10- 2h16 Mrs.Clayton E. Morgan-312 Willow Ave.-INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause be detoched for use as the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO XX YES 20g. ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part | or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) 19 at wark at wark delate 19 67, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the He such 19 m + , and that death accurred at 5:25 M, from causes and an the date stated above saw the deceased alive on. 22a SIGNATURE 22b. DATE SIGNED ATTENDING Sept. 5-1967 X M.D. DIRECTOR PHYS 22d. ADDRESS 226. PHYSICIAN'S NAME (Type) Dr. James B. Thomas Professional Bldg.-Frederick, Md.21701 23d LOCATION (City or Tawn) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) 23a BURIAL, CREMATION (County) REMOVAL (Specify) Frederick, Md. 21701 Mt. Olivet Cemetery ADDRESS Whitmore 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Frederick, Md.21701 Son VR A15 (4) 196 20 M 1/66

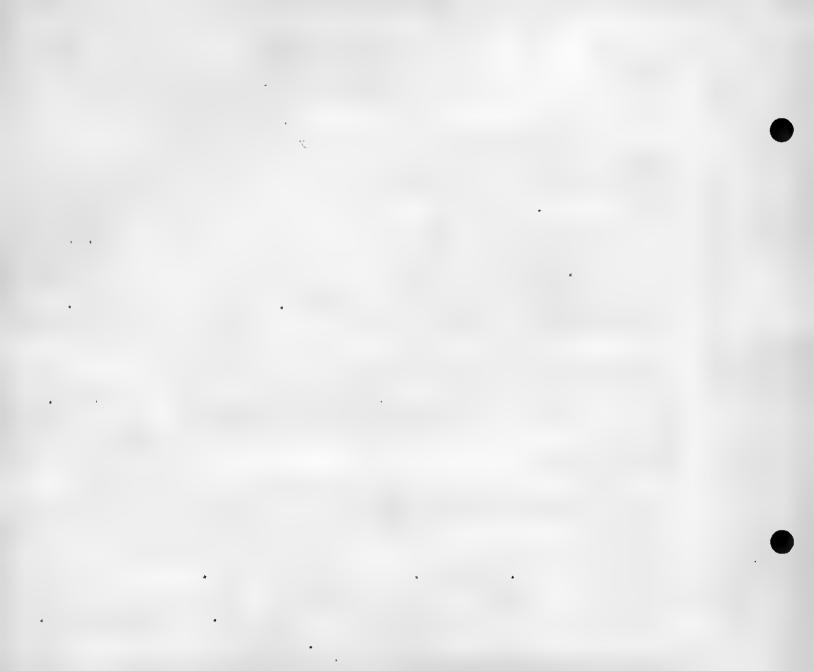


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N & 3		12422		CERTIFICATE	OF DEATH		3.3	2431
y the funeral Pages Land		PLACE OF DEATH o. COUNTY  Frederick  b. CITY OR TOWN (If outside corporate nimits with a good give nearest town)	ζ	MARYLAND	o. STATE Ma c. CITY OR TOWN (If o	ry Land outside corporate limits, write l	OUNTY F	rederick
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and in any e	10c dut	emale White  USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  TOUS EWITE	NIDOMED IN	DIVORCED DIVINESS OR IDUSTRY  OWN HOMO	North	6 70 yrs y & Stote, or foreign country) Carôlina	12 (11)ZE	N OF WHAT IRY?
If pnys Then p moval,		father's name Doc Penley				Polly Berl	ison	
attending physician bermit. Then please an, ar removal, and i	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no. or unknown) (If yes give war or dates of N.O.		19-20-1433 N	FORMANT Melvin Mi		dress Md	
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O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. of Healt		saw the decegsed alive an 9.  220 SIGNATURE  221 PHYSICIAN'S NAME (Type) Harry	fy or	1967, and that	ATTENDING	MED. STAFF DIRECTOR PHYS  idge Summit	22b, DATE	SIGNED -67.
director shauld	L	BURIAL (REMATION, 23b DATE THER 9-13-6	FOF 7	23c NAME OF CEMETERY OF CO	REMATORY -	23d LOCATION (City or Thurmont	Tawn) . (Co	unty) -(State)
VR A15 (4) 20 M 1/66	10	ymon Raymon		Creager 7 Thurmont,	C.F.		Clarle	Jusge :



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12423 The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where decensed lived if institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND Frederick Frederick c CITY OR TOWN (It outside corporate limits, write RURA, and give nearest town) C LENGTH OF STAY IN 16 b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Years Frederick d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) campletely filled in tove carban papers. 430 N. Market Street YES NO DO Montevue Infirmary 3. NAME OF First Middle 4. DATE Month Doy Year burial, crematian, ar remaval, and in any eyent, with DECEASED 67 Sept. 19 Milbert DEATH (Type or print) Montell Moore IF UNDER 24 HRS. 9. AGE (In years IF JNDER 1 YEAR SEX 6 COLOR OR RACE 7 MARRIED 配 **NEVER MARRIED** B. DATE OF BIRTH Jost birthdoy) Months Boys Hours White October 14.1903 Male DIVORCED WIDOWED 100 USUA. OCCUPAT ON (Give kind of work done during most of working life, even if retired) 11. RIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR **COUNTRY?** INDUSTRY physician Frederick County, Md.
14 MOTHER'S MAIDEN NAME State Roads S Läborer 13. FATHER'S NAME John Moore Catherine Mvers IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates at service) 16 SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Emma Moore(Same as item # 2 No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While ot work should be 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred attacks M. from causes and an the date stated above saw the deceased alive an 226. DATE SIGNED 220. SIGNATHRE ATTENDING MED. DIRECTOR STAFF PHYS 68 Sept. 11.1967 M.D. PHYS. director, page shauld be filed 22d ADDRESS PHYSICIAN'S NAME (Type) 228 N. Market Street Frederick. ad. Bernard O. Thomas. M. 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION 235 DATE THEREOF 23r NAME OF CEMETERY OR CREMATORY REMOVA (Specify) Mount Olivet Cemetery Frederick, Maryland
REGISTRAR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR m ADDRESS TELLES 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M.R.R. Etchison & Son. Frederick, Maryland DARED







	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	12426 CERTIFICATE OF DEATH
ter death	1 PLACE OF DEATH O. COUNTY  PREDERICK  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) O STATE  O STATE  MARYLAND  1. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) O STATE  MARYLAND
by the Pages	b. CITY OR TOWN (If outside corporate limits, write RUPA) participages (page)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town)  C. J. R. S. B. J. R. S. DENCE  d. STREET ADDRESS  D. S. RES DENCE
within 24 haurs tilled in by the papers Pagarithin 72 haurs	d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress)  ### Comparison of the co
within street	3 NAME OF DECEASED (Type or print) ROY, The Procock of DEATH 9 30 1967
secuted with completely live carbon in a secution with the carbon with the car	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 OATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTH WIOWED OLVORGED X 7-17-1900 Grant Man Wing William Will
icate be ex	100 LSUAL OCCUPATION (Give kind of work done during most of working of work done during most of working one given of the working of
physic physic hen ple naval, a	13. FATHER'S NAME  FRANKLIN PERCOCK  SALLE BEATLEY
te death certificate b attending physician permit. Then please tan, ar remaval, and	15 WAS DECLASED EVER IN J. S. ARMED FORCES? (Yes, no, occupy nowin) (If yes give wor or detection of the provided of the provi
nat the n. Y the a principle ematial	18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  LANGE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)  INTERVAL BETWEEN  ONSET AND DEATH  IMMEDIATE CAUSE (a)  LANGE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)
Page 4 may be retained by the haspital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the bural-transit permit. Then please remove carban pages? Pages and should be filled with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs offer depth.	Conditions, if ony, which gove use to immediate couse (a), stoting the underlying couse last  DUE TO  Conditions, if ony, which gove to immediate couse (a), stoting the underlying couse last  DUE TO  (c)
AN: The load and an attention and attention attention and attention and attention attention and attention attention attention attention and attention attent	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19 WAS AUTOPSY PERFORMED? YES TO NO
OR ATTENDING PHYSICIAN: The law rube retained by the hospital ar attending DIRECTOR: After this certificate has been je 3 shauld be detached far use as the ed with the State Dept. at Health priar ta	PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER)
D HOSPITAL OR ATTENDING PHYSIC Page 4 may be retained by the haspin or FUNERAL DIRECTOR: After this certi director, page 3 shauld be detached should be filed with the State Dept. at	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg, etc.) (City or town) (County) (State)
TENDIN ined by OR: Affe ould be the Ste	21. I certify that (I) (this haspital) attended the deceased fram 7/27, 19/27, ta 7/30, 19/27, that (I) (we) fas saw the deceased alive an 19/27, and that death occurred at 22/21 M, fram causes and an the date stated above
OR AT be retail by Shrinker 3 showed with	V220 SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  ATTENDING DIRECTOR PHYS.   22b. DATE SIGNED
SPITAL 4 may leral D or, pag or, pag Idbe fill	NAME (Type) TAHES B. THOYAS 22d ADDRESS FREDERICK MD.
Page 4 may be retained by the hr. Page 4 may be retained by the hr. O FUNERAL DIRECTOR: After this director, page 3 shauld be detacted by the state Degree of the state	230. BURIA, CREMATION, 23b DATE PHEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  PEMOPPH (Space)
VR A15 (4)	24 FUNERAL DIRECTOR 250 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE 250 REGISTRAR'





DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12437

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) O. COUNTREDERICK MARYTAND 6. COUNTY TREDERICK MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, wrste RURAL and give negrest town) RURATE HOLD WATE OF TOWN FREDERICK 12 yrs d NAME OF HOSPITAL Was in hospital give street oddress OR INSTRUCTION Walter Reed General Wrad 200 Fort Detrick, Maryl d. STREET ADDRESS 200 East Church St e IS RESIDENCE Detrick, Maryland Hospital ON A FARM? Branch Frederick, Md YES NO T NAME OF 4. DATE First Middle Month Lost Year PHILLIPS DEATH (Type or print) G. PEARSON SEPTEMBER 19 S SEX 6 COLOR OR RACE 7 MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS Doys Male Cauc. DIVORCED | 28 April 1901 WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Chemical Engineer US Govst Derby. Conn\_ USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur PEARSON JENNYE HICKERSON 17. INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address ΝO 097-01-3161 Ars. Sarah Pearson(Same as item # 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Intracerebral Bleeding 10 hrs IMMEDIATE CAUSE (o' DUE TO Hypertensive ASCVD 12 yrs Conditions, if any, which (6) gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES P NO I 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of I tem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e, PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (County) Dov. Year (Stote) foctory, street, office bldg., etc.) 0 While Not while 67 of work X of work 11:00 X. X. Fort Detrick Frederick Frederick 21.1 certify that (1) (this decembed 1) attended the deceased from 1 Sept 1967, ita 1 Sept 1967, that (1) (this decembed 1) attended the deceased from 1967, ita 1 Sept 1967, ita 1 Sept 1967, that (1) (this decembed 1) attended the deceased from 1967, ita 1 Sept 1 Sept 19 67, and that death accurred at 8P M, from the causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b DATE SIGNED MED STAFF PHYS M D Walter Reed General: Hospital 22c. PHYS CIAN'S 22d. ADDRESS NAME (Type) THOMAS P. DUFFY Ft Detrick, Frederick, Maryland Captain 23g BURIAL, CREMATION, 23b, DATE THEREOF 23d. 10CATION (City, fown, or county) 23c NAME OF CEMETERY OR CREMATORY (State) Cremation Sept. 5.1967 Washington, D. C. Fort Lincoln Crematorium 24. FUNERAL DIRECTOR SUGNATURE FAMILLE BY REGISTRAR O (258, REGISTRAR'S M.R. Etchison & Son Church St, Frederick

page 3 sh the State

VR A15 (4) 15M 9/59

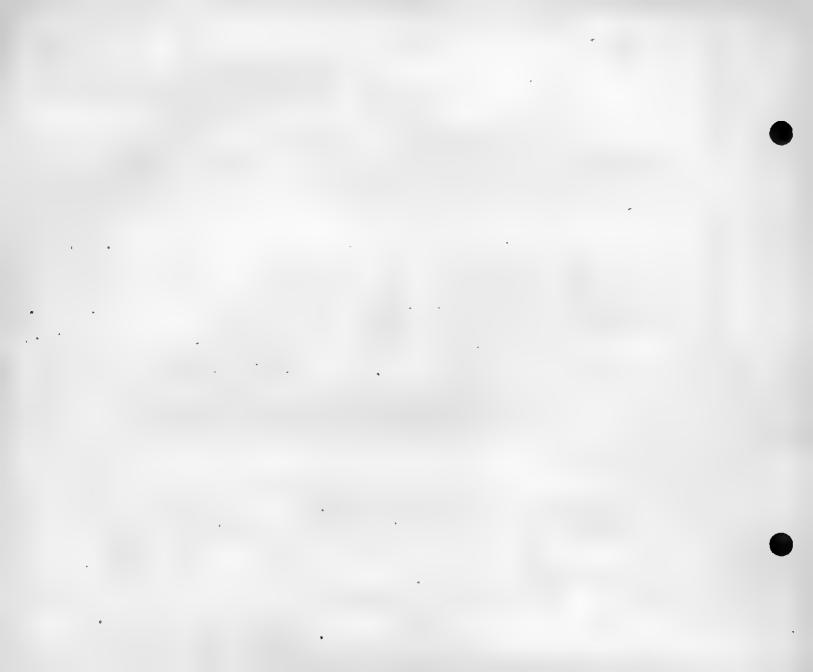
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12438 12429 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY COUNTY Frederick Prederick MARYLAND c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) physician and campletely filled in by the b CITY OR TOWN (If outside corporate I mits, ban papers. Pag within 72 hours a write RURAL and alive megrest town). Brunswick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? Frederick Memorial Hospital 5II West Potomac YES NO Z DATE 3 NAME OF First Middle Lost Dov Year DECEASED WALTERABRIAN RIDENBAUGH 6 19 evect (Type or print) DEATH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** birthdoy) Months Haurs white male in priv 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Inspec Virginia 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME signed by the attending phy burial-transit permit. Then Charles Ridenbaugh Stella Ridenbaugh 16 SOCIAL SECURITY NO 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, prunknown) (If yes give wor or dates of service) 705-10-2490R. Lorayne Feaster- Cumberland, Md. INTERNAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ONSETVAND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO storing the underlying couse the O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE WAS AUTOPSY PERFORMED? use CERTIFICATION NO 🗆 Page 4 may be retained by the haspital ar j 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20s PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office blda..etc.) Hour o.m. Not While ot work 21. I certify that (1) (this hospital attended the deceased fram and that death accurred at A. fram causes and an the date stated above. saw the decembed alivelan. 22a, SIGNATURE DATE SIGNED 22b, ATTENDING director, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S Pruitt, M.D Brunswick. Maryland NAME (Type) 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (Spacety) Park Heights Cemetery Brunswick. Md. 24/FUNERAL DIRECTOR TITITADORES CK. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201-12400 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. SIATE Maryland o. COUNTY b. COUNTY Frederick MARYLAND ottending physician and completely filled in by the? sermit. Then please remove carbor papers. Pages. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b EITY OR TOWN ( f outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) within 72 hours Buckeystown. Frederick Davs d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) IS RESIDENCE ON A FARM? Buckeystown Frederick Memorial Hospital YES NO DO 3. NAME OF Middle Lost 4. DATE Doy Year DECEASED Clara Schaeffer Elizabeth DEATH September 19 67 (Type or print) S SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** birthdoy) Months Doys Hours burial, cremation, or removol, and in any WIDOWED DIVORCED October 6, 1880 Female White 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fore an country) 12 CITIZÊN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Frederick County, Maryland U. S. Housework 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Schaeffer Jennie Stone 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. 219 20 2882 Mrs. Charles Moore, Buckeystown, Maryland NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) signed by the burial-transit p DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO os the prior to b stating the underlying couse Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been lest 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use MEDICAL CERTIFICATION with the Stote Dept. of Health NO SC 200 ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg, etc.) of work of work . 19 ( £, to. 9 , 19 / that (1) (we) lost 21. I certify that (I) (this hospital) attended the deceased from, 19 17, and that deoth accurred of 4,40 M, fram causes and an the date stated obove. sow the deceased alive an 22b. DATE SIGNED 220', SIGNATURE ATTENDING Sept. 10,1967 M,D DIRECTOR PHYS. director, page 3 should be filed v 22d ADDRESS 22c/PHYSICIAN S NAME (Type) 228 N. Market St. Frederick, Maryland Thomas. M. James B. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION, (Stote) REMOVAL (Specify) Sept. 12, 1967 Mount Olivet Cemetery Frederick, Maryland Burial M. ADDRESS Facilities 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC D BY REGISTRAR VR A15 (4) M. R. Etchison & Son, Frederick, Maryland DATE 20 M 1/66



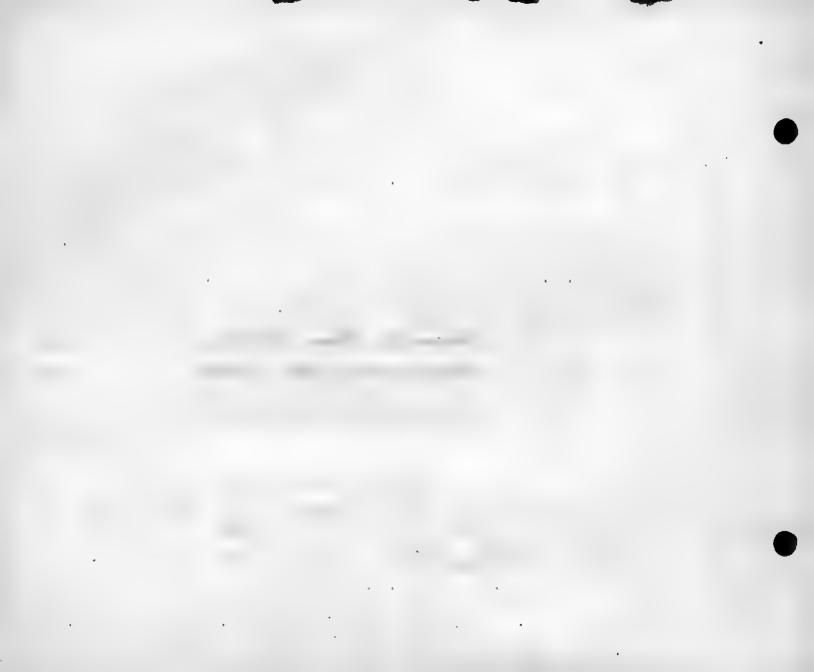
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12440 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Frederick b. COUNTY Frederick Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ROURS Frederick 21701 55 Yrs. Frederick 21701 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Přédesick Memocial Nospital within 115 S. Jefferson St. YES remove carbon part any event, within executed within NAME OF DATE Middle Last Day DECEASED CORDELIA SHOEMAKER (Type or print) RITTH DEATH September 23. 19 67 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. 7. MARRIED NEVER MARRIED last birthday) Months Hours 1 Female White 28 Oct 1891 WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT n signed by the attending physician-burial-transit permit. Then please r burial, cremation, or removall and the þ COUNTRY? Own Home Frederick County, Md. House-work certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marion Francis Riddlemoser Margaret Ann Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) [(If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address death Claude G. Shoemaker (Same as item #2) No 18. CAUSE OF DEATH (Enter only one cause of line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH that the PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that to the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which been the bi (b) gave rise to immediate DUE T . cause (a), stating the has le as 1 priol underlying cause last. CERTIFICATION r this certificate had detached for use a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY RERFORMED? YES NO [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While Š at work | at work be retained the 21. I certify that (I) (this hospital) attended the deceased from 196 196 / that (I) (we) last DIRECTOR: and that death occurred at C. A.M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING~ M.D. PHYS. PHYS. DIRECTOR HOSPITAL ( E E FUNERAL PHYSICIAN'S 22d. ADDRESS 226. director, 1 should be NAME (Type) 228 N. Market St., Frederick, Md. 21701 James B. Thomas Page 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 Mount Olivet Cemetery Frederick, Md. 21701 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Etchison & Son, Frederick, VR A15 (4) 15M 4-64

10. 175. Frederick Memorial Mospital Sm., · the livet . . L I very

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12432 12441 CERTIFICATE OF DEATH filed in by the funeral magnetic property. Pages 1 and other thin 72 hours after death 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY Frederick Maryland Frederick MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frederick Frederick vears e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Frederick Memorial Hospital Brooklawn Apts. YES NO S PHYSICIAN: The law requires that the death certificate be executed within 4. DATE 3 NAME OF First Last Month Dov Year DECEASED (Type or print) September 30- 10 67 Ada A . Simpson DEATH 9 AGE (In years F UNDER S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED F **NEVER MARRIED** physician and carrien please remove fost birthday) Hours White 12-21-1900 Female WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY **COUNTRY?** Frederick Co. Md. U.S.A. Homemaker 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Not available Not available IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 214-10-1255A Paul D. Simpson-Brooklawn Apts.-Frederick (Yes, na\_or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (t).)
PART I, DEATH WAS CAUSED BY signed by the burial-transit p arcinomatosis IMMEDIATE CAUSE (a) Pags 4 may be retained by the haspital or attending physician.
■ FUNEXAL MIRECTOR: After this certificate has been signed by DHF TO 17 Alonths Carcinoma of endometrium Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse os the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS)
PERFORMED? use Health YES NO K <u>f</u> 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased fram 21 Aud 1967, to 30 Sept 1967, that (1) (we) last saw the deceased alive an 30 Sept 1967, and that death occurred at 50. M, fram causes and an the date stated above. saw the deceased alive an 30 Sept 22g SIGNATURE 22b. DATE SIGNED Sept.30-1967 DIRECTOR M.D. director, page Should be filed 22d ADDRESS 22c PHYSICIAN'S Melvin E. Lea Frederick Medical Center-Frederick, Md. NAME (Type) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23b DATE THEREOF (County) BIJREMOYAL (Specify) Oct.3-1967 Mt. Olivet Cemetery Frederick, Md. 21701 2So, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 1967 Ochania 20 M 1/68



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral remove carbon pagers. Pages 1 and a. COUNTY Frederick Frederick o STATE rs. Pages 1 MARYLAND Marvland b City OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Frederick Years Frederick d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 1600 Rosemont Avenue within 1600 Rosemont Avenue NO K NAME OF Eirst Middle 4 DATE Month Last Doy Year DECEASED (Type or print) pleose remove carbit DEATH September Viola B. Slifer 21 1967 event S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER I YEAR 1F UNDER 24 HRS 7. MARRIED **NEVER MARRIED** ost birthday) Days hours cremation, or removol, and in any WIDOWED DIVORCED June 13, 1879 Female White 12 CIT ZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Frederick County, Marylan Housewife 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ilton R. B. Rice Margaret Ann A. Sencil IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service) maurice D. Slifer(Same as item # 220 30 9898 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c).) burial-tronsit ONSET AND DEATH PART I, DEATH WAS CAUSED BY BNUGESTIVE IMMEDIATE CAUSE (a) yd bangis Page 4 may be retained by the hospital or ottending physician. DUE TO burial, 1 Canditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been detached for use as the te Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES T NO 20a ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. o 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While While at wark at wark 21. I certify that (1) (this haspital) attended the deceased from August 1967, that (1) (we) last 19 6 / . to Sent. ge 3 should I led with the S 1960, and that death occurred at 115 M, from couses and on the date stated above. saw the deceased alive on 22a SIGNATUR 22b. DATE SIGNED ATTENDING Sept. 23,1967 M.D. PHYS. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS NAME (Type) Richard C. Reynolds, M. D. Toll House Avenue, Frederick, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) BUTTAL (Specify) Pleasant View Cemetery Burkittsville. 9 ADDRESS 2So. REC'D BY REGISTRAR 25b REGISTRAR S-SIGNATURE 24. FUNERAL DIRECTOR Fadelle L' strong VR A15 (4) 20 M 1/66 M. R. Etchison & Sen, Frederick, Maryland



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	12434 CERTIFICATE OF DEATH 12443
lī.	PLACE OF DEATH  a. COUNTY  Prederick  MARYLAND  2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission but the country but the country have a state but the country have been a stat
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)  write RURAL end give neerest lown)  Frederick  days  kikerkykewer Rural Union Bridge
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  Monocacy Hall Nursing Home  Rural  VES NO
	NAME OF DECEASED (Type or print) TOHN  Lewis SMITH  A. DATE Month Dey Yeer OF DEATH SENTENBER 14 19 67
	SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED NOV. 19. 1888  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS last birthdey)  Months Days Hours Min.  10. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or fore an country) 12. CITIZEN OF WHAT COUNTRY
d	10. USUAL OCCUPATION (Give kind of work one during most of working life, even if relired)  10. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & Stele, or fore.gn country)  12. CITIZEN OF WHAT COUNTRY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
	Albert C. Smith Katie E. Lewis
(Y	NO SCIAL SECURITY NO. 17. INFORMANT  (If yes give werer detection vice)  NO 10. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]  INDEXISE OF DEATH [Enter only one couse per line for (e), (b), end (c).]
	PART I. DEATH WAS CAUSED BY, Bronchogenie Cavenoma Onset and Death 6 months
	Conditions, if eny, which gave rise to immediate cause (e), stelling the underlying DUE TO
NOM	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS:  PER OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS:  PER OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS:  PER OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS:  PER OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS:  PER OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS:  PER OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS:  PER OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS:  PER OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS:  PER OF THE PROPERTY OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS:  PER OF THE PROPERTY OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS:  PER OF THE PROPERTY OF T
CERTIFICAMON	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED While Not While Not While at work et work of the body, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from
	22e. PHYSICIAN'S NAME (Type) Richard C. Reynolds  ATTENDING MED. STAFF 9/12/6  22d. ADDRESS 804 Toll House Ave.  22b. DATE 9/12/6  PHYS. DIRECTOR PHYS. [] 9/12/6
23	Burial (Specify)  Burial (9/17/67 Fairmount Cemetery Libertytown Md.
24	ADDRESS AND LINE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ARE SIGNATURE ADDRESS ARE ADDRESS ARE ADDRESS ADDRESS ARE ADDRESS ARE ADDRESS ARE ADDRESS ARE ADDRESS ARE ADDRESS ADDRESS ARE ADDRESS ADDRESS ARE ADDRESS ADD



	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,  12435  CERTIFICATE OF DEATH	TEXA44
ĩ	PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, if institute and the country and the	ion: Residence before edmis
	FRENERICK  b. CITY OR TOWN If outside corporate limits.  c. LENGTH OF STAY IN 16  c. CITY OR TOWN If outside corporate limits with RIBA  c. CITY OR TOWN If outside corporate limits with RIBA	DERICK AL and give neerest town)
	write RURAL end give neerast town)  FREDERICK  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  d. STREET ADDRESS	O. IS RESIDEN
3	FREDERICK NURSING & CONVALESCENT CLE. 225 DILL AVENUE Month	ON A FAR YES NO
	DECEASED (Type or print)  ORENA  ORENA  Never Married   8. Date Of Birth  9. AGE (In yeers If UN	9 1967 IDER 1 YEAR   IF UNDER 24 HE
~	FEMALE WHITE WIDOWED N DIVORCED 2-27-92 lest birthdey) Mont	ths Deys Hours Min
	Homemaker None Kansas	U.S.A
1	3. FATHER'S NAME Willard D. Gwin Lavina Flynn	
1 (	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Nono, or unkawn) (Hyergivewerordetesofservice) 216-54-7801 Mrs. Eleanor Wilt Adamstown.	Maryland
	18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO	-12 her
	Conditions, if any, which gove rise to immediate cause	is who
	(c), stelling the underlying DUE TO Coreful Attenoseleus;	2 years
NOIL	PART.II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOP PERFORMED
	PARTAIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN    Contributing	YES NO
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town)  Haur a.m. While Not While fectory, street, office bldg-, etc.)  p.m. 19 et work at work	(County) (Stete)
	21. I certify that (I) (this hospital) attended the deceased from July	
	saw the deceased alive on	on the date stated abo
	22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS	9-9-67
_	NAME (Type) Dr. Willis Riddick M.D. Frederick Medical Center	Frederick, Md
2	30. BURIAL, CREMATION, 23b. Date THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town of Mount Olivet Cemetery Frederick, Mar	
24	ROBERT E. Dailey & Son Frederick, Maryland DATSEP 1 3 1967 2 4	AR'S SIGNATURE
	Moder E. Bushes Godi Frederick, Mary Land   DATION   1001	Helen Jamiella

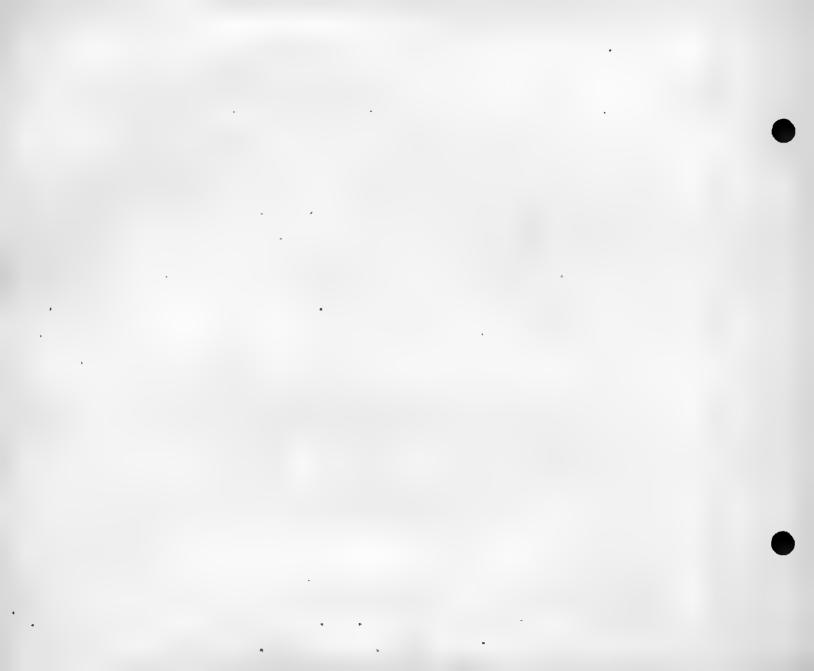


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH, DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Frederick Prederick e. STATE Maryland MARYLAND funeral b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)
Frederick-Rural RD#4 c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Yrs. Frederick-Rural RD#4 a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? delay is and 3 to 1 New Design Road, near Buckeystowns [X New Design Road, Near Buckeystown State hours NO 3. NAME DE Middle DATE DECEASED 19 67 (Type or print) HAROLD FDGAR STONE DEATH September 21. and 2 with yent within 6. COLOR OR RACE | 7. MARRIED AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS last birthdey) Months | Days Hours | Min 5. SEX DATE OF BIRTH NEVER MARRIED Montha Devs Hours Male White 19 Jan 1948 WIDOWED : DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Prederick. Md. U. S. Farming Farm pages I in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grace R. Summers George Howard Stone File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service)] 17. INFORMANT Address 16. SOCIAL SECURITY NO. permit. | removal, 215-50-0237 George H. Stone (Same as item #1) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one coust-pec line for (a), (b), and (a). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: berial-transit cremation, or IMMEDIATE CAUSE (6) cremation, DUE TO Conditions, If any, which gava rise to immediate DUE TO cause (s), stating the underlying cause inst. used as to burial, WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NO F YES TA 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.) 3 should agent, pri MEDICAL 20d. INJURY OCCURATO J 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) While Not While at work should 21. I certify that I took charge of the remains described above, held an Autopsy 194. Inspection Inquiry and In my opinion retained for your files D FUNERAL DIRECTOR: Undetermined manner death resulted from: Suicide Homicide Natural cabses Accident isc. CHIEF MEDICAL EXAMINER જ ACTUAL SIGNATUR 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 9 DEPUTY MEDICAL EXAMINER **EXAMINER'S** please e director. Robert J. Thomas. M. D. Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 9/26/67 Mount Olivet Cemeterv Frederick, Md. Burial 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ZADDRESS VR III SME (5) M. R. Etchison & Son. Frederick. Md. 21701

maryiand 'racerick ecerick "r : erica-tural : w 4 re vick-maral . . ; New Lesign Road, mear buckeystorn X Wes De en ced, '. r d'e 'stown September 21, STUNE Mi + 4 LI Ad a 19 Jan 1948 19 White .dale Frederick, Md. U. S. Farm Parmi ne Grace K. Summers George Howard Stone . 15-5u-1237 George H. Stone (Same as item 71) OM

Robert J. Thomas, M. D.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12446 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) dea o. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND within 24 hours after filled in by the n b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick lease remove carbon papers. Pa ond in any event, within 72 hours days Thurmont d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RES DENC ON A FARM? Frederick Memorial Hospital Lombard St. YES 🗀 NO OX NAME OF Middle Lost 4 DATE Month Year Doy and tompletely DECEASED Viola 19 (Type or print) DEATH S SEX B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Hours Oct. 1897 Female White WIDOWED T DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR The law requires that the death certificate be during most of working live even if retired) Home Maryland the attending physicion isit permit. Then please 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME removal, Adella Stull William F. Kevser 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 20 216-30-2992 Thurmont, Md. Mrs. Grace Ecker INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (r).)
PART I. DEATH WAS CAUSED BY signed by the buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) attending physicion. **DUE TO** Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoling the underlying couse lost. WAS AUTOPS!
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health NO Page 4 may be retained by the hospital or this certificate 200 ACCIDENT WAS UNDERLYING [ 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year Hour om. foctory, street, office blda., etc.) Not While ot work ot work TO FUNERAL DIRECTOR: After 1967, to 500027, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from Sept should 19 67, and that death accurred at  $\frac{6P}{M}$  M, from causes and an the date stated above. saw the deceased alive an 52 22b. DATE SIGNED 22o. SIGNATURE M.D. PHYS DIRECTOR 22c PHYSICIAN S 22d ADDRESS NAME (Type) director, should b BURIAL, CREMATION, DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Baith Christ Charlesville 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4 1967



2 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	12438 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12447
HENLTH BEPT.	1. PLACE OF DEATH  a. COUNTY  a. COUNTY  b. COUNTY
	Frederick MARYLAND Colorado b. COUNTY
essary, uneral tay be trment death,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
r de	Frederick DOA Denver
the funeral be 5 may be Department after death.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
hours and	Frederick Hospital 1645 South Xavier YES NOT
	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED
E 0/2	(Type or print)  JAMES GILES TRYON  DEATH Sept. 28 19 67  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   if Under 1 YEAR   if Under 24 Ars.)
th. If form form	lest birthday) Months Days Hours Min.
Page the feath	MAIO CAUC. WIDOWED DIVORCED Feb. 1.1940 27 yrs.
ive Park with with 1 and even	during most of working life, even if retired) INDUSTRY
s after General any	AM I/C USAF Denyer Colorado USA 13. FATHER'S NAME
ours pag	Asahel Tryon Helen D.
24 ho Tten Office and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) \ (ff yes give war or dates of service)
世界 光温	yes Active Duty Military Records, Andrews AFB, Md.
I within pencil il miner's permit.	18. CAUSE OF DEATH [Enter only one cause by line for (a) (b), end (s).]
in in Exam	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Concluded Caudio-c Colored
LEXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files.  70R: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with esignated agest, prior to bure, cremation, or permit, and pencel millings.	TO DUE TO TO DO
rial-	gava rise to immediata (b) Tractures (conditions, if any, which
uid t d "r ef N a bu	cause (a), stating the DUETO
Shor More Chie	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONQUIONS CONTRIBUTING TO DEATH BUTHOT RELATED TO THE TERMUNAL DISEASE CONDITION SIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?
the work of the Court of the Co	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
tiffe to to to to	20a, EXTERNAL CAUSE WAS   20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.)
R: This certifing safe, writing forwarded to 3 should be allent, prior	PRIMARY SOF CONTRIBUTING COMPO Occurrence
This rwan	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
fer- icate e 3	100 p.m. 9-28 1967 at work at work of reguest Frebrit Dredent - Wel.
Pag Pag	21. I certify that I took charge of the remains described above, held an Autopsy 7. Inspection 7. Inquiry 7. and In my opinion
the certificate should be to should be should be to should be s	death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined manner
S EECT	ACTUAL CHIEF MEDICAL EXAMINER CONTRACTOR OF THE SIGNED
TY MEDICA execute the Page 4 of for your RAL DIREC	ACTUAL SIGNATURE OF THE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER OF THE SIGNED
PUTY 7 Se exector. Fined for ined for INERAL INSTALL	EXAMINER'S NAME (Type)  Address (Street, city, town, or county)  7-28-67
please execute the chiractor. Page 4 should director. Page 4 should retained for your files of Heall of its lesign of Heall of its lesign.	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
of dispersion of the second of	Removal Sept. 30, 1967 Denver, Colorado
	24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE
VR AISME (5) 5M 1/65	Falls Church Funeral Home Falls Church par 65 4 1967 y Charles Judge



1	I	em 18 F	ilm 393 10	10-67N	MARYLAND S RÈTH AND REC	TATE DE DRDS, 30	PARTMENT OF H I W. PRESTON STR	I <b>EALTH</b> EET. BALTIMORE. N	MARYLAND 2120	1
director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pages. Pages 1 aprelar should be filed with the State Dept. of Bealth prior to Burial, cremation, or remaval, and in any event within 7 hours after the pages.		1243					OF DEATH			12448
Mours after Team	(	PLACE OF DEATH COUNTY	Frederick		M	ARYLAND	2. USUAL RESIDENCE ( o. STATE Mary	Where deceosed lived, if Land	mstitution. Residence	
		F1	outside corporate limits give neorest town) rederick		c LENGTH OF STA		Fred	utside corporote limits, w erick	vrite RURAL and give r	1 1
14		Fred	u or institution (if no erick Memor	rial Ho	spital		d. STREET ADDRESS	Carroll Pa	arkway	e IS RESIDENCE ON A FARM? YES NO X
	[	NAME OF DECEASED Type or print)	Bur	renice	01Hara	Was	-	4. DATE OF DEATH	Month September	
	_	Female	o color or race White	7. MARRIED : WIDOWED	DIVOR	CED	B DATE OF BIRTH December 7-		hdoy) Months E	Doys Hours Min.
	10a. duri	usual occupation ng most of working Homemak	(Give kind of work done ife, even if retired) ET		ND OF BUSINESS OR DUSTRY		Frederick		ry) 12 CITIZ COUN	TEN OF WHAT U.S.A.
			rd A. O'Har					NAME Scarff		
	IS. (Ye	WAS DECEASED EVE s, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service) 16. S	social security no 18–30–682	. 17. 20 Ne	nformant vin T.R.Was	key- Same a	as 2 d and	С
		600 C Conditions, if ony, rise to immediate stoting the under lost.	lying couse DUE	(c) C1			ute pyelon	_	Q - Termin	ONSET AND DEATH
	MEDICAL CERTIFICATION	20o ACCIDENT WAS					(Enter noture of injury in			PERFORMED? YES NO
	MEDICAL (		RY Month, Day, Year	20d IN While of work		20e. PLA foct	CE OF INJURY (Home, for ory, street, office bldg., etc	m, 20f. (City or to	own) (Count	tγ) (Stote)
			y that (I) (this has	pital) attend	ded the decease	d fram_ , and tha	t death accurred a	19 <u>5 3</u> , ta <u>9</u> - t <i>10:36 f.</i> M, fram o	auses and an the	, that (I) (we) la e date stated abov
		22c. PHYSICIAN'S NAME (Type)	Dr. Rex	R. Mar	tin	M	22d. ADDRESS	MED. STAN	J	E SIGNED -20-1967 Md-21701
		BURIAL, CREMATIC	Sept .2	22-1967		ivet C	emetery	23d. LOCATION (Cit Frederic	ck, Md. 21	ounty) (Store) .701
	24	FUNERAL DIRECTO	ison & Son	KT. F	rederick.	Md.2	1701 DATS	P 2.5 1967	25b. REGISTRAR'S SIG	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12441 12440 death. death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY Frederick Frederick MARYLAND The law requires that the death certificate be executed within 24 hours-after b CIY OR TOWN (If autside carparate imits, c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) E LENGTH OF STAY IN 16 write RLRAL and give nearest tawn) Buckeystown 3 Months Braddock Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS physician and campletely filled in ON A FARM? Buckeystown Vindabona Nursing Home YES NO TO 3 NAME OF Middle the attending physician una companies and move carban First Last 4. DATE Year DECEASED September (Type or print) MARY E. DEATH 19 67 WHITE IF UNDER 24 HRS S SEX 9. AGE (in years IF JNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH lost birthday) Haurs burial, crematian, or remaval, and in any Female White DIVORCED September 30. WIDOWED 10a USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most al warking life, even if retired)
Housewife INDUSTRY COUNTRY? Frederick County, Md. U. S. A. 14. MOTHER'S MAJDEN NAME 13. FATHER'S NAME Alice Cline Martin Miss 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address signed by the attendir burial-transit permit. 212 24 6211 James M. White, Buckeystown, Maryland INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSEL AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. **DUE TO** Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to PART (I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS!
PERFORMED? NO X 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II af item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Not While factory, street, office bldg., etc.) 19 at work at work to FUNERAL DIRECTOR: After director, page 3 should be a 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an saw the deceased alive and that to 8 Se not 1962, that (1) (we) last . 19 1967, and that death occurred at 7 A M, fram couses and an the date stated above. 22a-SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 228 N. Market Street.Frederick. Md. Charles H. Conley, Jr. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION, 23b DATE THEREOF REMOVAL (Specify) Frederick Memorial Park Frederick, Maryland REGISTRAR 256. REGISTRAR'S SIGNATURE Buria ADDRESS FACEL -2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) M. R. Etchison & Son, Frederick, Maryland DATE SFP 20 M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH
FADSCTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
UE ALTH (DEDT	1294x MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH CUEFT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY
o +-:	trederick MARYLAND Maryland trederick
cessary funeral may be artment a dath	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (Woutside corporete limits, write RURAL and give nearest town)
the funeral 5 may be beartment tter diath.	Frederick + hrs. Rural - Mr. Pleasant
the funeral o the funeral e 5 may be Department after diath.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e. IS RESIOENCE ON A FARM?
age of the	Frederick Memorial Hosp. YES NO A
the State	3. NAME OF First Middle Last 4. DATE Month Cay Year DECEASED 7
PENSE PENSE	(Type or print) EVA FLIZABETH WILES DEATH SEPT, 17 1967
th. If a ges 1, 2 form P form P form P ithin	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO B. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months ( Oeys Hours ) Min.
ath.	WIOOWED OIVORCEO SEPT. 8, 1918 49 yrs.
er deat with with I and ?	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY 11 BIRTHPLACE (state or foreign country) 12. CITIZEN OF WHAT COUNTRY?
fter Giv 18 v	Mone-Housewill Maryland U.S.A.
ours aften 18. Gi	13. FATHER'S NAME
hour em	George L. Morgan Florence Smith
24 ho n Item Office File 1	15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SECIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
I within pencil is miner's permit.	The Calvan Wiles RI Frederick Md.
with pen mine	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (o).]  PART I DEATH WAS CAUSED BY.  ONSET AND DEATH
Sit Exar	PART I. DEATH WAS CAUSED BY: Cougestive Court Jouline ONSET AND DEATH
THE EXAMINER: This certificate should be executed within 24 hours after death. If any delay is the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page files.  Files.  Files.  Files a should be used as a burial-transit permit. File pages 1 and 2 with the State Designated agent, prior to burial, cremation, or removal, and in any worst within 72 hours and designated agent, prior to burial, cremation, or removal, and in any worst within 72 hours and designated agent, prior to burial, cremation, or removal, and in any worst	OUE TO DAYS A SE DE DESCRIPTION
eend eedic eedic mat	Conditions, if any, which (b) Washing fair (b)
f M f was	cause (a), steting the DUE TO
thoul ford chief	underlying cause last. (c) (C
ficate shoul the word o the Chief used as a to burial,	PERFORMEO?
The state of the s	YES TO NO
ting ting ed to rior	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 1B.)
nis o wri ardi	CAUSE OF DEATH.  CAUSE OF DEATH.  CAUSE OF INJURY MONTH CAY YEAR I 204 INJURY OCCURRED 120e PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State)
ER. This certificate, writing forwarded to 3 should be agent, prior	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm., Hour a.m. While at work a
NEW Infice Be	
the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my opinion
Should files.	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
S d	ACTUAL CONTRACTOR STANDARD 22. DATE SIGNED
execute to Page 4 d for your RAL DIRECT th or its d	SIGNATURE M.O. ASSISIANT MEDICAL EXAMINENT
E ST C C C C C C C C C C C C C C C C C C	EXAMINER'S  DEPUTY MEDICAL EXAMINER  9-18-67
O DEPUTY MEDICAL EXO please execute the ci director. Page 4 shoul retained for your files. O FUNERAL DIRECTOR: All Health or its design	NAME (Type)  Address (Street, city, town, or county)  238. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
10 a g a g a g a g a g a g a g a g a g a	REMOVAL (Specify) C/01/17 CD
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
VR AISME	4. C. Barton Walkersville and OATE SEP 2 1 1967 favories Judges
5M 1/65	NUMBER WAS CONTROL THE TANK OF THE PARTY OF



	12442 CERTIFICA	TE OF DEATH	12451
l	1. PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where decreesed lived, if institution	n: Rasidanca bafora adn
	Frederick MANYLAN	Maryland b. county	Frederick
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL	and give neerest town]
	Thurmont Lifetime	Thurmont	
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS	a. IS RESI
	Own Hone		YES
	3. NAME OF First Middle	Lesi 4. DATE Month OF	Day Yaar
	(Type or print) ROSS H. WILLHIDE	DEATH Sept.	27 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In yeers IF UNDE	
	male white widowed Divorced	8-22-1879   8   8   8   Months	Days Hours
ŀ	108. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDI	USTRY 11 BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT CO
	done during most of working life, even if retired)  Mason  Contractor	Maryland	USA
ľ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Samuel J. Willhide	Mary Forney	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   1		
l	(Yes, go, or unkown) (Hyesgivewarordatas of service) 216-03-7579	Miss Mary Willhide Thu	rmont, M
l	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETW
l	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	-lesters a contental	ONSET AND DE
1	4 de la Due to	- Chilling sile rolle 1920	- 3 9773
	Conditions, if any, which \ (b) Science ined	Cisterios do rosas -	10 m
ı	geva risa to immediete causa	Colores ( ) o and	1, 4, -
l	(a), stating the underlying DUE TO		
ı		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(e) 19. WAS AU
l	noxe ?		PERFOR
ı	20a, ACCIDENT WAS UNDERLYING []   20b, DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Pert I or Pert II of Item 18.)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  TO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  208. ACCIDENT WAS UNDERLYING TO DEATH  208. ACCIDENT WAS UNDERLYING TO DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	,	
		PLACE OF INJURY (Home, farm, ; 20f, (City or town) (C	ounty) (5
١	Hour a.m. Whila Not Whila	factory, streat, office bldg., etc.)	,
		delete sold sold	
l	21. I certify that (I) (this hospital) attended the deceased from		196.7, that (I) (v
		that death occurred at	
		ATTENDING MED. STAFF	22b.
	22a. SIGNATURE	M.D. PHYS. DIRECTOR PHYS.	
	Mus T. Frezy		
	22c. PHYSICIAN'S MILLES THERY	22d. ADDRESS	
	22c. PHYSICIAN'S NAME (Type) James K. Gray	Thurmont, Md.	
	22c. PHYSICIAN'S NAME (Type) James K. Gray  23a. BURIAL, CEMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	Thurmont, Md.  ERY OR CREMATORY   23d. LOCATION (City, town or cou	
	22c. PHYSICIAN'S NAME (Type) James K. Gray  23a. BURIAL, CREMATION, 23b. DATE THEREOF PROVAL (Specify) 9-30-67 United Br	Thurmont, Md.  ERY OR CREMATORY  ethreh Cem.   23d. LOCATION (City, lown or cold)  Thurmont, Free	d. Co. M
	22c. PHYSICIAN'S NAME (Type) James K. Gray  23a. BURIAL, CEMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	Thurmont, Md.  ERY OR CREMATORY   23d. LOCATION (City, town or cou	d. Co. M

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) Frederick a. STATE b. COUNTY Marvland Frederick MARYLAND funeral may be CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Rural Rural Frederick 3 vears the 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) O. IS RESIDENCE d. STREET ADDRESS ON A FARM? Route # 6 Route # 6 hours YES NO X de NAME DE Middle First Last DATE Month DECEASED ADELINE ERNESTINE ZEPP September 19. 19 67 (Type or print) DEATH with 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months death. 1 Hours Female White Nov. 2. 1913 WIDOWED X ev. DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Give during most of working life, even if retired) INDUSTRY COUNTRY? -None Syracuse. New York U.S.A. any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E Sidney J. Raymo Magalene C. Schmeider File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes wo or unkown) (If yes give war or dates of service) permit. removal, Examiner's 074-07-9021 Mr. Philip S. Zepp Frederick. Route # 18. CAUSE DF DEATH [Enter only one cause pervine for (a), (b), and (c).] NTERVAL BETWEEN ONSET AND DEATH EXAMINER: This certificate should be executed certificate, writing the word "pending" in pould be forwarded to the Chief Medical Exampould be forwarded to the Chief Medical Examples. PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating word ' ca used as a to burial, underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION certificate, writing the YES TO NO [ 20a. EXTERNAL CAUSE WAS PRIMARY 17 or CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 10 should lent, pri wewown 3 shou MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While CTOR: Page designated at work at work should be 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion DIRECTOR: death resulted from: Natural causes Undetermined manner Accident 14 Suicide Homicide YOUT CHIEF MEDICAL EXAMINER Page for you ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MED SIGNATURE 10 FUNERAL DEPUTY MEDICAL EXAMINER Robert J. Thomas **EXAMINER'S** retained director. NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Virginia 0 Burial 9-22-1967 Arlington National Cemetery REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR ALSME (5) Dailey & So 1/65 rederick. Mar yrano

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